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COUNTY BOROUGH OF PRESTON.



REPORT
OF THE
Medical Officer of Health
on the Health of the Borough
for the year
1961.

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PRESTON:
MATHER BROS. (PRINTERS) LTD.
ONE GARSTANG ROAD

1962

ANNUAL REPORT, 1961

TABLE OF CONTENTS

	PAGE
INTRODUCTION	5
STAFF AND COMMITTEE FUNCTIONS	7
STATISTICAL AND SOCIAL CONDITIONS OF THE AREA	11
GENERAL PROVISIONS OF HEALTH SERVICES FOR THE AREA ...	25
MENTAL HEALTH	57
PREVALENCE AND CONTROL OVER INFECTIOUS DISEASES ...	63
SANITARY CIRCUMSTANCES OF THE AREA	93
HOUSING	110
FOOD AND DRUGS	117
PORT HEALTH ADMINISTRATION	130
WELFARE SERVICES	142
APPENDIX	154
SCHOOL HEALTH SERVICE	161



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INTRODUCTION

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

This has been a busy year in the field of public health and the succeeding pages set out in detail the work that has been carried out, the progress that has been made and some of the problems that remain unsolved.

A sharp outbreak of influenza in the early weeks of the year resulted in a death rate that had not been exceeded since 1951 when an even greater influenzal epidemic prevailed. As usual in such circumstances mortality was high amongst the elderly amongst whom influenza is now the principal infectious illness that triggers off the fatal shot. Poliomyelitis appeared again for the first time since 1958 but possibly because of the high degree of immunisation carried out in recent years, only one unimmunised Pakistani child out of five cases was left with gross physical disability and no death occurred. The world has become a smaller place and it is less easy to create oases of high health standards that will remain unaffected by spilling over from areas of lower standard. This is a likely explanation of a slight rise this year in the number of new cases of tuberculosis found and in the rising incidence of gonorrhoea that is affecting the country generally. Though all possible local measures must be employed to resist these attacks the major effort must be made through the World Health Organisation in tackling these problems at their source and in employing methods that will bring about standards of public health and hygiene more closely approximating to our own than applies at present.

The infant mortality rate which reached in 1954 the then satisfactory low level of 27 per 1,000 live births has since fluctuated above 30 despite a continuing fall in the national rate and this year a rate of 34 has been recorded. Some of this high rate is associated with fatal respiratory disease at the time of the influenza outbreak but mainly this year the deaths are associated with factors relating to the pre-natal period and the peri natal death rate at 50 per 1,000 births is the highest experienced in recent years. The reasons for this stubbornly high rate are complex and obscure and merit the setting up of an intensive detailed research project.

In the field of environmental hygiene the representation of unfit houses has been stepped up. The standard of amenity provided by the Housing Committee in their new homes is justifiably and deservedly high. Central heating, hot water supplies and baths, with efficient natural lighting and freedom from dampness are a long way from the standards applicable in the properties being demolished with their outside w.c's, their single cold water tap, their stone flagged floors and their rising and penetrating damp. If the building of new houses could be accelerated the unfit housing problem in Preston could be solved in five years and concentrated attention could then be given to the many houses satisfactory in their structure but lacking in their design the modern amenities that help to make life today more tolerable.

Further progress was made also in cleaning the air of man-made pollution. Industry has been steadily putting its house in order and the number of smoking industrial chimneys today is a small fraction of that which prevailed ten years ago. A steady increase in diesel traction has been noted at the railway station and much of the engine shed work has been removed from Maudland Bank to Lostock Hall with consequential benefit to the town. One new smoke control area came into operation and another was declared. Preston as a smoke-free town within ten years is well within the range of practicability.

The character of community care is necessarily determined by the needs of the times. An attractive new health centre has now been provided for the people of Ribblesdale. It provides for maternal care and for infant care, for dentistry, if we could only get a dentist, for health education, and for chiropody. It could be a meeting place for the people of Ribblesdale in which to discuss their problems and to share their knowledge and experience, and it could serve as a club for elderly people where they could meet to enjoy each other's company. But this is a matter for the people of Ribblesdale to ponder over.

The resurrection of domiciliary midwifery teaching has been achieved with the opening of the students' hostel at Waltons Parade and the scheme of co-operation with the Southport Hospital Management Committee is working well. This provision is beneficial not only inasmuch as it contributes to the national problem of training future midwives but is of benefit to the Corporation midwives and their patients by providing an increasingly higher standard of professional knowledge and efficiency.

The mental health service has been the scene of much activity as attempts have been made on the one hand to develop further the liaison with the consultant psychiatrist at the hospital out patient clinics and on the other hand to provide a better care service for patients living in the community. A step forward has been taken with the introduction of patients selected by Dr. Parker, from Sharoe Green Hospital, to the day centre at Deepdale. This idea of using the centre as a halfway house between full hospital care and a return to normal community life is one to be commended.

The committee's plans for the provision of new premises have been to some extent frustrated by building difficulties outside its control but the adult training centre was approaching completion at the end of the year and it is hoped that the building of the nursery wing of the junior training centre will be started during 1962.

Your medical staff have engaged in certain research projects as matters of immediate local concern and your attention is drawn particularly to the appendices. I have to express my pleasure at the interest shown by the staff concerned in these matters and my gratitude to those members of the staff who have made contributions to the body of the report.

J. S. G. BURNETT,
Medical Officer of Health.

Senior Public Health Officers of the Local Authority

Medical Officer of Health and Port Medical Officer	J. S. G. BURNETT, M.D., D.P.H.
Deputy Medical Officer of Health and Deputy Port Medical Officer	R. G. MURRAY, M.B., Ch.B., D.P.H.
Assistant Medical Officers and School Medical Officers ...	G. A. McLEAN, M.B., Ch.B., D.P.H. K. DOWLING, M.B., Ch.B. N. RIDEHALGH, M.B., Ch.B. C. D. BAUGH, M.B., Ch.B., M.R.C.O.G. I. M. R. PURDOM, M.B., Ch.B., D.P.H. K. C. PASI, M.B., B.S.
Chest Physician	W. GRIFFEL, M.D. Vienna, L.R.C.P., L.R.C.S., Ed., L.R.F.P.S. Glas.
CLINICIANS UNDERTAKING CON- SULTATIVE WORK—	
Consultant Obstetricians... ..	R. H. J. M. CORBET, F.R.C.S.I., F.R.C.P.I., F.R.C.O.G. W. H. TOD, B.Sc., M.D., F.R.C.O.G.
Consultant Oto-rhino larynologist	J. A. KERSLEY, F.R.C.S., D.L.O.
Consultant Orthopaedic Surgeon...	R. S. GARDEN, M.Ch.Orth., F.R.C.S.
Consultant Paediatrician ...	A. G. HESLING, M.R.C.P., D.C.H.
Consultant Psychiatrist	C. S. PARKER, M.D., D.P.M.
Consultant Orthodontist	F. D. ROWE, L.D.S.
Consultant Anaesthetist	J. A. L. COOPER, M.R.C.S., L.R.C.P.
Ophthalmic Surgeons	*D. PLUM, M.R.C.S., L.R.C.P., D.T.M., D.O.M.S. *J. MATTHEWS, M.R.C.S., L.R.C.P., D.P.H.
Veterinary Officer... ..	F. J. PROCTOR, B.Sc., M.R.C.V.S., D.V.S.M.
Senior Dental Officer	A. KERSHAW, L.D.S.
Chief Public Health Inspector ...	E. OWEN, M.R.S.H., M.A.P.H.I.
Superintendent Health Visitor ...	Miss E. W. SOWERBY, S.R.N., S.C.M., H.V.'s Certificate.
Non-Medical Supervisor of Mid- wives	Miss D. JOBLING, S.R.N., R.F.N., S.C.M.
Superintendent District Nurse ...	Miss E. ANDERSON, S.R.N., S.C.M., Q.N.

Domestic Help Organiser	...	Miss S. E. DOHERTY.
Speech Therapist	... ..	Mrs. P. A. WIGHT.
Chiropodists	... ..	*Mr. J. WOOD, M.Ch.S. *Miss B. J. HIND, M.Ch.S. *Mr. A. MORGAN, M.Ch.S. (resigned 17.6.61). *Mrs. P. M. BROMLEY, M.Ch.S. (commenced 10.7.61).
Physiotherapists	... ..	MISS A. R. HARRISON, C.S.M.M.G., M.E., L.E.T Mrs. E. HERLING, M.C.S.P.
Lay Administrative Assistant	... ..	R. HARRISON, Cert. R.S.I. and S.I.E.J.B. * <i>Part-time.</i>

Committee concerned with Public Health matters

HEALTH COMMITTEE.

1. The Council hereby refer to the Health Committee, subject to the confirmation of their proceedings by the Council, the duties, powers and functions of the Council in relation to or arising under the following :—

- (a) all matters relating to the health of the borough and the prevention, notification and treatment of disease, not otherwise delegated to this or some other committee of the Council ;
- (b) the superintendence of the department of the Medical Officer of Health (other than those officers mainly attached to services administered by other committees) and the appointment of Public Health Inspectors ;
- (c) the Rag Flock and Other Filling Materials Act, 1951 ; the Fabrics (Misdescription) Act, 1913, the Fertilisers and Feeding Stuffs Act, 1926, the Agricultural Produce (Grading and Marking) Acts, 1928 and 1931, Agriculture (Safety, Health and Welfare Provisions) Act, 1956, the Riding Establishments Act, 1939, and any Orders, Rules, Regulations or Byelaws having effect under any of the said Acts ;
- (d) the provisions of the Nurses Acts, 1957 and the Nurses Registration Act, 1957 ;
- (e) as the Port Health Authority ;
- (f) as the Local Health Authority under the National Health Service Acts.
- (g) Part III of the National Assistance Act, 1948, relating to the provision of residential and temporary accommodation and the provision of welfare services for handicapped persons, Trading Representations (Disabled Persons) Act, 1958 ;

- (h) Part IV of the National Assistance Act, 1948, except the registration of charities for disabled persons ;
- (i) the provision and maintenance of public sanitary conveniences.
- (j) as the local Health and Welfare Authority under the Mental Health Act, 1959.

2. The Council hereby delegate to the Health Committee the duties, powers and functions of the Council arising under or in pursuance of the following provisions and any Orders, Rules, Regulations or Byelaws having effect hereunder :—

- (a) the Diseases of Animals Act, 1950, for the purpose of which the committee shall be the executive committee ;
- (b) the Slaughter of Animals Act, 1958 ;
- (c) the Pharmacy and Poisons Acts, 1852 to 1941 ;
- (d) the provisions of the Public Health Acts and local Acts, so far as they relate to health and sanitary matters, and in particular, but without prejudice to the generality of the foregoing delegation, the following provisions of the Public Health Act, 1936, viz. :—
Sections 39 to 41 ; 44 to 52 ; 56 ; 58 ; 83 to 86 ; Part III ; Sections 124 ; 138 to 141 ; Parts IX and X ; Sections 259 to 261 ; 268 ; 269 and 288.
- (e) the Housing Acts, so far as they relate to insanitary property and overcrowding ;
- (f) Part I (Health General Provisions) and Part VIII (Home Work) of the Factories Act, 1937 ;
- (g) the Food and Drugs Acts, 1955 (except Part III) and the Merchandise Marks Acts, 1887 to 1926 ;
- (h) the provisions of the Shops Acts relating to health and welfare ;
- (i) Prevention of Damage by Pests Act, 1949 ;
- (j) the Rivers Pollution Prevention Acts ;
- (k) the Midwives Act, 1951 ;
- (l) the Pet Animals Act, 1951 ;
- (m) the Heating Appliances (Fireguards) Act, 1952.
- (n) Sections 36 and 90 of the Housing Act, 1957, and so much of the Rent Act, 1957, as relates to the issue and cancellation of certificates of disrepair.
- (o) The Clean Air Act, 1956.
- (p) the Offices Act, 1960 ;
- (q) the Oil Burners (Standards) Act, 1960 ;
- (r) Section I of the Noise Abatement Act, 1960 ;
- (s) Part I (except Section 24) of the Caravan Sites and Control of Development Act, 1960.

SUB-COMMITTEES OF THE HEALTH COMMITTEE.

Mental Health Services Sub-committee.

Duties under the Lunacy, Mental Treatment and Mental Deficiency Acts, and the care and after-care of persons suffering from mental illness or defectiveness.

Domiciliary Services Sub-committee.

Duties relating to the care of mothers and young children, midwifery, health visiting, home nursing, vaccination and immunisation, prevention of illness, care and after-care (except of persons suffering from mental illness or defectiveness) and domestic helps.

Homes, Hostels and Welfare Services Sub-Committee.

Duties concerned with the provision of residential accommodation for the aged and infirm and others in need of care and attention, the provision of temporary accommodation for persons in urgent need of such accommodation, and the registration and inspection of disabled persons' or old persons' homes provided otherwise than by the local authority, and with the provision of welfare services for the blind, deaf and dumb, crippled and others suffering from disabilities.

Statistics and Social Conditions of the Area 1961

[illegible]

*Birth Rate per 1,000 of
population*

			<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Crude Rate</i>	<i>Adjusted *</i>
Live Births	...	...	2,037	1,046	991	17.99	17.99
Legitimate	...	...	1,873	966	907	16.55	16.55
Illegitimate	...	...	164	80	84	1.45	1.45

Number of Still-births : 60. Rate per 1,000 total births : 28.61.

Total live and Stillbirths : 2,097

Deaths of Infants under one year of age : 69.

Infant mortality rate per 1,000 live births :

<i>Legitimate</i>	<i>Illegitimate</i>	<i>Total</i>
34	37	34

Deaths of Infants under one month : 48.

Neo-natal mortality rate : 23.56 per 1,000 live births.

Early Neo-natal Mortality Rate: 22 per 1,000 live births.

Perinatal Mortality Rate : 50.07 per 1,000 Total live and still-births.

Illegitimate live births per cent of total live births : 8.05%.

Number of women dying in or in consequence of child birth :—

Deaths	Rate per 1,000 live and still-births
1	1.0
2	2.0
3	3.0
4	4.0
5	5.0
6	6.0
7	7.0
8	8.0
9	9.0
10	10.0
11	11.0
12	12.0
13	13.0
14	14.0
15	15.0
16	16.0
17	17.0
18	18.0
19	19.0
20	20.0
21	21.0
22	22.0
23	23.0
24	24.0
25	25.0
26	26.0
27	27.0
28	28.0
29	29.0
30	30.0
31	31.0
32	32.0
33	33.0
34	34.0
35	35.0
36	36.0
37	37.0
38	38.0
39	39.0
40	40.0
41	41.0
42	42.0
43	43.0
44	44.0
45	45.0
46	46.0
47	47.0
48	48.0
49	49.0
50	50.0
51	51.0
52	52.0
53	53.0
54	54.0
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58	58.0
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61	61.0
62	62.0
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68	68.0
69	69.0
70	70.0
71	71.0
72	72.0
73	73.0
74	74.0
75	75.0
76	76.0
77	77.0
78	78.0
79	79.0
80	80.0
81	81.0
82	82.0
83	83.0
84	84.0
85	85.0
86	86.0
87	87.0
88	88.0
89	89.0
90	90.0
91	91.0
92	92.0
93	93.0
94	94.0
95	95.0
96	96.0
97	97.0
98	98.0
99	99.0
100	100.0

Deaths—nett : 1,506. Rate per 1,000 population : 13.31 (crude rate)
15.17 (adjusted rate)*.

Percentage of total deaths in hospitals and public institutions : 45.02%

Deaths from Cancer (all ages) : 269

Deaths from Measles (all ages) : Nil.

Deaths from Whooping Cough (all ages) : Nil.

Deaths from Diarrhoea (under 2 years of age) : 2.

Number of Marriages : . 980

* Area comparability factor :	Births	...	1.00
	Deaths	...	1.14

Table 1.
Comparative Statement of Vital Statistics.
Year 1961.

		Birth Rate	Death Rate	Infant Mortality Rate	Stillbirth Rate (per 1,000 live and still births)	Perinatal Mortality Rate	Death Rate from Phthisis	Death Rate from other Tub. Diseases	Maternal Mortality Rate (per 1,000 Total Live and Still Births)		
									Maternal causes excluding abortion	Due to abortion	Total maternal mortality
England and Wales	... ..	* 17.4	* 12.0	* 21.4	* 18.7	x	* 0.065	* 0.007	* 0.27	* 0.07	* 0.33
Birkenhead	... ..	19.4	14.0	32.8	22.9	43.1	0.09	0.01	0.37	—	0.37
Burnley	... ..	17.00	16.43	26.55	22.25	40.06	0.049	—	—	—	—
Bury	... ..	17.67	15.08	27.20	17.51	32.25	0.01	—	0.92	—	0.92
Halifax	... ..	16.35	15.98	32.50	19.99	36.23	0.12	0.01	—	—	—
Liverpool	... ..	22.1	12.4	28.3	22.5	38.3	0.107	0.008	0.118	—	0.118
Manchester	... ..	19.69	13.49	29.84	21.89	39.94	0.08	0.01	0.23	—	0.23
Oldham	... ..	17.83	15.22	35.51	19.55	41.01	0.06	—	—	0.48	0.48
Preston	... ..	17.99	15.17	33.87	28.61	50.07	0.04	0.02	—	—	—
Rochdale	... ..	17.1	15.6	20.0	20.0	28.7	0.07	0.01	—	—	—
Salford	... ..	19.48	13.96	28.16	26.14	40.34	0.135	0.006	—	—	—
St. Helens...	... ..	17.59	12.67	28.30	26.53	40.31	0.09	—	—	—	—
Stockport	... ..	18.03	13.52	25.77	24.39	39.63	0.042	0.007	0.381	—	0.381
Wallasey	... ..	18.00	14.08	19.38	20.56	31.63	0.11	—	—	0.53	0.53
Wigan	... ..	15.71	13.91	21.77	20.54	32.39	0.09	0.01	—	—	—

* Provisional.

x Not available.

Table 2.
Vital Statistics of whole District during 1961 and previous ten years.

Year	Total Population	Births (Nett)		Total Deaths Registered in the District		Transferable Deaths		Nett Deaths belonging to the District			
		Number	Rate	Number	Rate	Of Non- Residents Registered in the District	Of Residents not Registered in the District	Under 1 year of age		At all ages	
								Number	Rateper 1,000 Nett Births		
											Number	Rate
1951	118,100	1,962	16.61	1,731	14.66	292	377	68	35	1,816			15.99
1952	119,200	1,960	16.44	1,439	12.07	292	306	63	32	1,453	12.67
1953	118,900	1,914	16.10	1,430	12.03	328	252	63	33	1,354	11.83
1954	118,400	1,823	15.40	1,450	12.25	317	274	50	27	1,407	12.83
1955	117,400	1,832	15.60	1,503	12.80	355	311	53	29	1,459	13.42
1956	117,200	1,843	15.73	1,466	12.50	332	315	55	30	1,449	14.46
1957	116,200	1,933	16.64	1,442	12.41	350	353	67	35	1,445	14.43
1958	115,100	1,864	16.19	1,534	13.30	394	317	58	31	1,457	14.56
1959	114,200	1,964	17.20	1,527	13.37	401	283	63	32	1,409	14.07
1960	113,460	2,023	17.83	1,617	14.25	498	329	64	32	1,448	14.55
1961	113,170	2,037	17.99	1,663	14.69	487	330	69	34	1,506	15.17

* The death rate has been adjusted in accordance with the area comparability factor supplied by the Registrar General annually.

Area of District in acres (Land and Inland Water)	...	Census 1931	Census 1951
Average rooms per occupied dwelling	...	4,029	5,684
Average family occupation	...	4.47	4.35
Number of families per occupied dwelling	...	4.36	4.15
Average size of private family	...	1.02	1.05
Average number of persons per room	...	3.78	3.24
	...	0.85	0.76

Population.

The Registrar General's census figure for the population of Preston in April 1951 was 119,250, since then his annual mid-year estimate has shown a steady downward trend. The estimated mid-year population for 1961 was 113,170, compared with 113,460 in 1960.

This trend serves to illustrate the extensive slum clearance programme which has been carried out in the central thickly inhabited parts of the town and the tendency of the population to move into surrounding residential areas outside the Borough. As housing redevelopment takes place in the central, cleared areas of the town exemplified especially by the building of multi-storied flats, one may expect this tendency for the population to extend peripherally to slow down in the future for there are many advantages in living close to places of employment.

Births.

The birth rate maintained its upward trend with a rate of 17.99 per 1,000 of the population compared with the national average for England and Wales of 17.4 per 1,000 population, and 17.83 for Preston in 1960 which was the highest since 1949 when it stood at 18.16 per 1,000.

Table 3.
Number of Births registered in the various wards.

Ward	Estimated Population	Births	Rate per 1,000 population
St. John's	9,960	184	18.47
Avenham	8,940	181	20.25
Central	9,730	185	19.01
Ashton	8,940	128	14.32
Savick	7,020	122	17.38
Tulketh	8,940	110	12.30
Moorbrook	9,960	172	17.27
Park	9,620	194	20.17
St. Matthew's	9,620	180	18.71
Deepdale	8,940	164	18.34
Ribbleton	11,880	248	20.88
Fishwick	9,620	169	17.57
	113,170	2,037	

Deaths.

The total number of deaths referable to Preston in 1961 was 1,506 giving an adjusted death rate of 15.17 per 1,000 population. These figures are the highest since 1951 when 1,816 deaths occurred and the death rate was 15.99 per 1,000

population. With the ever increasing proportion of old people in the population little improvement in the general death rate is to be looked for in the future. The death rate for England and Wales shows a rise for 1961 compared with 1960 from 11.5 to 12.0 per 1,000.

Some Individual Causes of Death.

CARDIOVASCULAR DISEASE.

Disease of the coronary arteries once again heads the list as the chief overall cause of death, the total number of deaths ascribed to coronary thrombosis or angina being 274, 176 males and 98 females, for all practical purposes the same as for 1960 when 277 deaths occurred. It was again the greatest killer of middle-aged men—in the 45-64-year-old group it killed 74 men compared with only 21 women, a sex ratio of almost exactly $3\frac{1}{2}$ to 1. It killed more men in this age group than in any other. These are men in the twenty years prior to retirement, normally at the peak of their careers and with many family and business responsibilities and commitments. Their deaths bring far reaching and tragic consequences to their families, and their wisdom and experience can be ill spared in the workaday world too. They are often in positions of great responsibility and stress and often have insufficient time for relaxation and recreation, indeed responsibilities are only too often piled upon them. The country with advantage could well heed these figures if it is really interested in preventive medicine in its starkest form—that is in the prevention of death in relatively young valuable and responsible citizens.

The next greatest cause of death in men in this age group is cancer of the lung which caused 36 deaths or rather less than half those due to coronary disease. All malignant neoplasms together caused the deaths of 68 men in the 45-64 age group, six less than coronary disease alone, while the total number of male deaths in this group from all forms of cardiovascular disease was 119.

Vascular lesions of the nervous system, commonly known as “strokes” are the next greatest cause of mortality, causing 221 deaths in 1961, 93 in men and 128 in women, but the greatest incidence in women is in those over 75 years old amongst whom it caused 61 deaths. Cardiovascular disease caused a total of 751 deaths, 368 male and 383 female, compared with 760 in 1960.

MALIGNANT NEOPLASMS.

Cancer of the lung and bronchus caused the deaths of 52 men and 7 women, a total of 59 during 1961, compared with 59 men and 9 women, totalling 68 deaths in 1960. 36 of the deaths in men occurred in the age group 45-64 years again the highest number for any age group, only 3 women in this group died from this cause. The total number of deaths from malignant neoplasm was 261, 131 males and 130 females compared with 247 in 1960.

RESPIRATORY DISEASES (other than Tuberculosis).

Influenza caused 39 deaths in 1961 compared with 5 in 1960.

Pneumonia caused 63 deaths compared with 52.

Bronchitis caused 95 deaths compared with 95.

Other respiratory diseases caused 16 deaths compared with 12.

A total of 213 respiratory deaths were certified in 1961 compared with 164 in 1960, an increase of 49. This increase in respiratory deaths can be largely attributed to the severe influenza epidemic with influenza virus Type A2 which swept Preston in January-March, 1961. Besides the extra 34 deaths directly ascribed to influenza doubtless several of the extra 11 deaths from pneumonia were due to the influenza virus. The deaths from influenza occurred mostly in the older age groups, 36 over the age of 45 years, most of whom suffered from pre-existing pulmonary or cardiovascular disease. The youngest was in a boy of 8 years who apparently died from an overwhelming viraemia.

Deaths Due to Accidents.

(i) MOTOR VEHICLE ACCIDENTS.

These totalled 25 in 1961, a decrease of 3 compared with 1960.

(ii) OTHER ACCIDENTS.

Deaths due to all accidents other than motor vehicle accidents totalled 36, compared with 35 in 1960, an insignificant difference, 26 of them occurring in people over 45 years of age. Below the age of 45 years of the 10 deaths, 8 were in males and only 2 in females, no doubt reflecting the more daring and adventurous spirit of young men and boys, and the more dangerous pursuits in which they engage.

Suicide.

A total of 24 persons took their own lives in Preston in 1961, exactly the same number as in 1960 and the sex distribution was also the same, 14 males and 10 females. The figure for 1960 was the second highest for 10 years—25 in 1957, and with the 1961 figure included the average number for the past 10 years has risen from 16.4 to 17.4 per annum. It seems strange that with all the medical, welfare, religious and voluntary organizations which exist in this welfare state, and are freely available for the asking, that 24 persons should be driven to such appalling distress of mind as to destroy themselves.

Homicide.

Six deaths were certified as being due to homicide compared with nil in 1960. This figure has only once been exceeded—in 1958 when there was 7 such deaths—since records began to be kept in the present form in 1950, since when

the average number of deaths per annum from homicide has been 1.58. These deaths from homicide again do not reflect an altogether healthy state of affairs in our communal life.

Infant Mortality.

During 1961 there was 69 deaths of infants under one year old, giving an infant mortality rate of 34 per 1,000 live births, compared with 64 deaths in 1960 with a mortality rate of 32 per 1,000 live births. Analysing these 69 infant deaths one finds that no fewer than 48 occurred within a month of birth, i.e. the time when such factors as prematurity (21), atelectasis (4) and serious congenital defects (9) take their heaviest toll.

On looking at the causes of death the preventable or possibly preventable are : 10 due to pneumonia, 2 due to gastritis, enteritis or diarrhoea, and 3 due to accidents, a total of 15 or approximately 21 per cent possibly preventable under ideal conditions, which unfortunately are far from obtaining in some Preston homes. Congenital malformations accounted for 16 deaths and in the present state of medical knowledge these must be looked upon as not preventable although the future may bring considerable progress in this direction, the recent discovery of the hypnotic drug "Thalidomide" or "Distaval" as a cause of major congenital defects being a case in point.

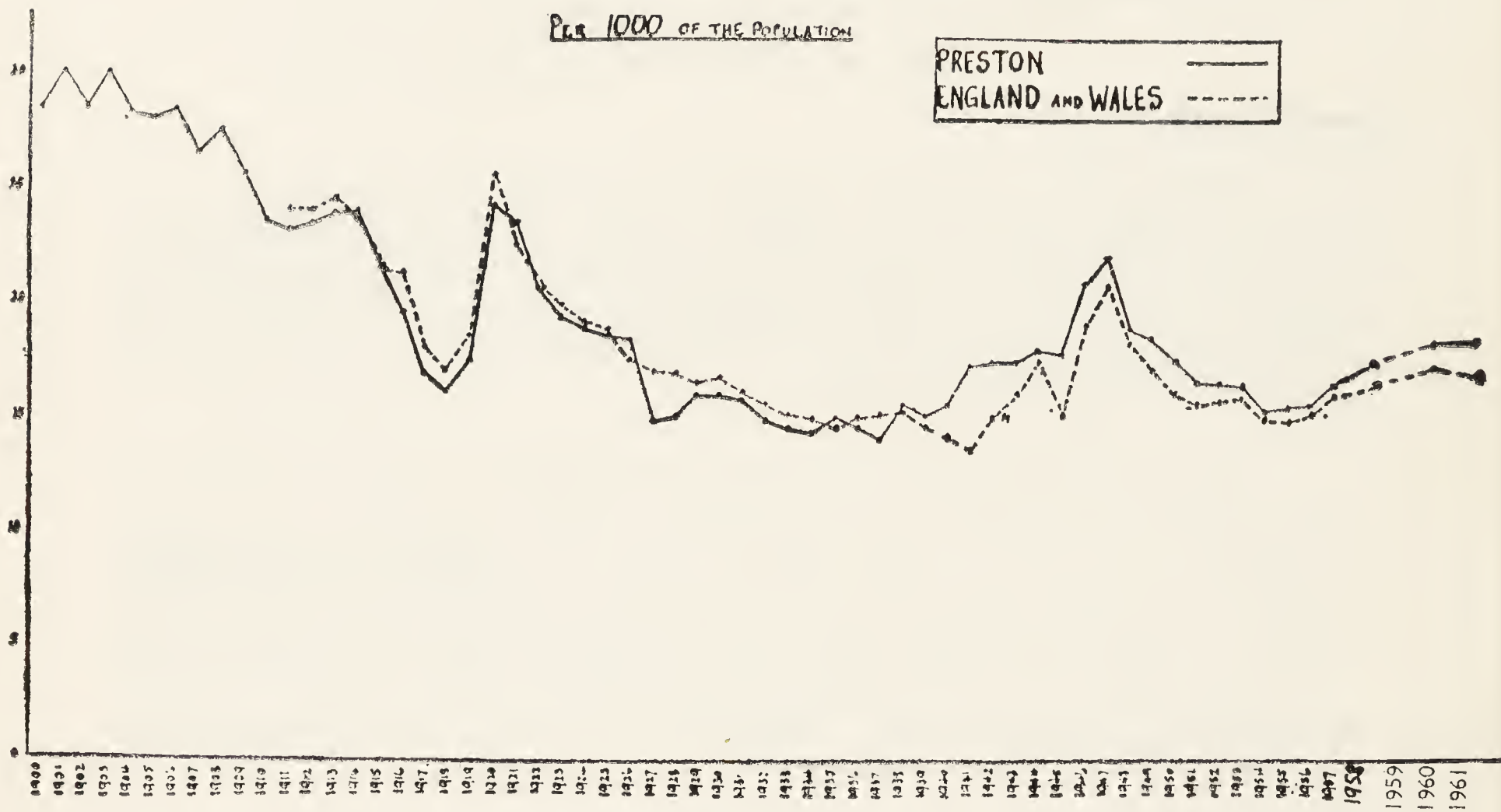
The provisional figures for infant mortality for 1961 in England and Wales are 21.4 deaths per 1,000 live births compared with 21.7 in 1960.

The infant mortality rate in Preston has shown no real improvement since 1950 when it stood at 32 per 1,000 live births after a dramatic fall from 69 in 1947. Since 1950 the rate has fluctuated between a maximum of 35 and a minimum of 27. In this time the national figure for England and Wales has fallen steadily from 29.8 to 21.4 This indicates the need for continued persistent effort by all sections of the health service in Preston, hospital, local authority and general practitioner in an effort to produce a steady fall in the infant mortality rate comparable to that which has occurred in the country as a whole. These services, good as they are and however hard they may work to improve their standards of child care can and should nevertheless not be expected to remove the prime responsibility of caring for the health and welfare of the individual child from its own parents.

Once again I am happy to report that no deaths were certified from what used to be known as the common infectious diseases of childhood, this representing perhaps the greatest triumph that preventive medicine has achieved, although tribute should also be paid to the ever increasing efficiency of modern medical treatment, and to all round improvements in environmental conditions which are constantly taking place.

BIRTH RATE 1900-1961

PER 1000 OF THE POPULATION



DEATH RATE 1900-1961

(PER 1000 POPULATION)

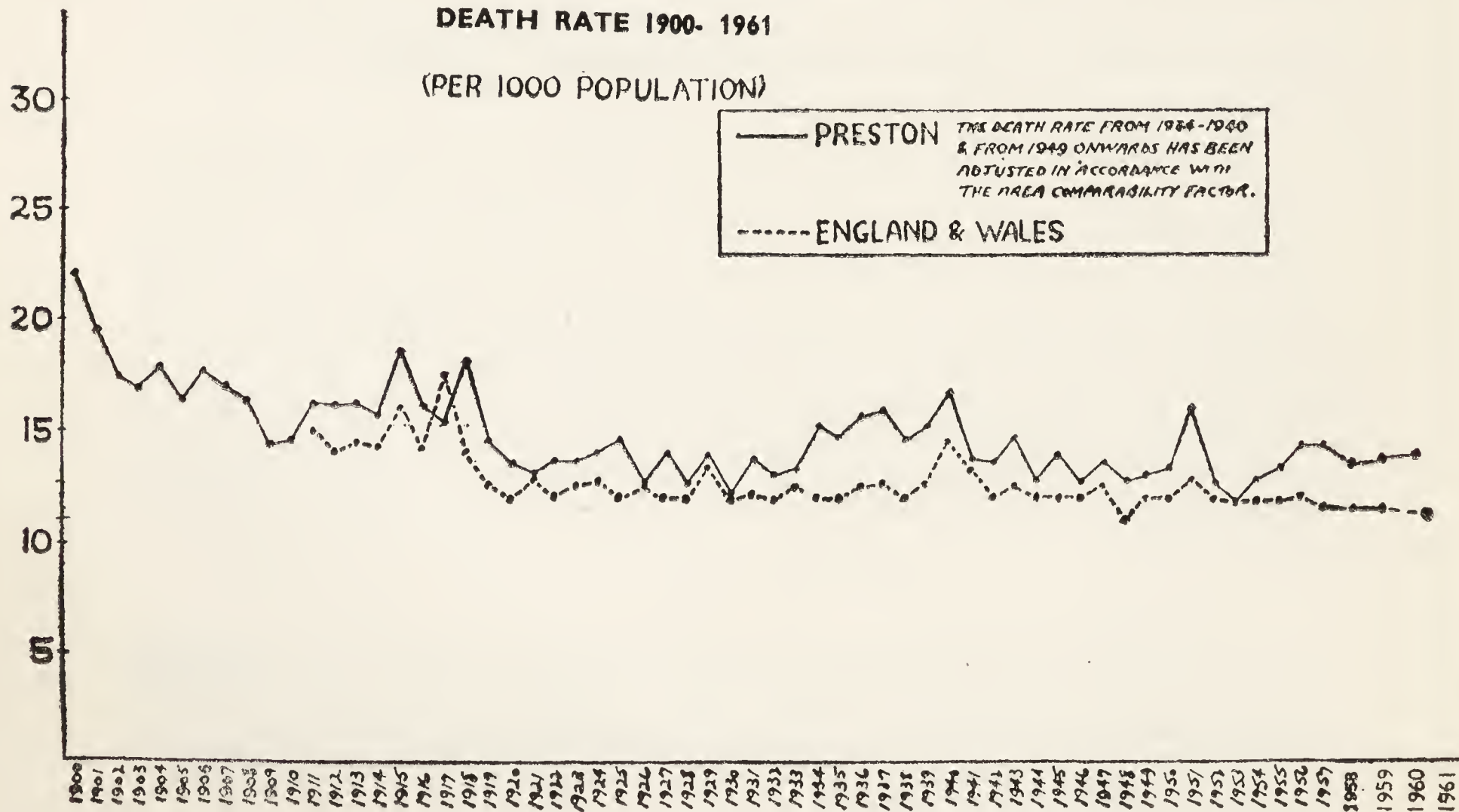


Table 4.
Causes of Death—arranged according to sex and age.

	0—		1—		5—		15—		25—		45—		65—		75—		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Tuberculosis, respiratory ...	—	—	—	—	—	—	—	—	1	—	1	—	1	1	1	—	4	1
Tuberculosis, other ...	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2	—
Syphilitic disease ...	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	2	—
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Malignant, neoplasm, stomach ...	—	—	—	—	—	—	—	—	2	—	9	3	12	7	3	8	26	18
„ „ lung,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
„ „ bronchus	—	—	—	—	—	—	—	—	1	—	36	3	14	4	1	—	52	7
„ „ breast ...	—	—	—	—	—	—	—	—	—	2	1	13	—	4	—	6	1	25
„ „ uterus ...	—	—	—	—	—	—	—	—	—	4	—	5	—	3	—	1	—	13
Other malignant and lymphatic neo-	—	—	—	—	—	2	—	—	2	5	22	18	13	19	15	23	52	67
plasm ...	—	—	—	—	—	—	—	—	—	—	2	2	1	2	1	—	4	4
Leukaemia, aleukaemia ...	—	—	—	—	—	—	—	—	—	—	—	2	—	3	—	1	1	7
Diabetes ...	—	—	—	—	—	—	—	—	1	1	—	2	—	3	—	1	1	7
Vascular Lesions of nervous system	—	—	—	—	2	—	1	—	1	1	19	16	39	50	31	61	93	128
Coronary disease, angina ...	—	—	—	—	—	—	—	—	3	1	74	21	55	34	44	42	176	98
Hypertension with heart disease ...	—	—	—	—	—	—	—	—	—	—	1	1	1	7	3	10	5	18
Other heart disease ...	—	—	—	—	—	—	—	—	2	1	18	9	15	19	35	69	70	98
Other circulatory disease ...	—	—	—	—	—	—	—	—	1	—	7	3	6	14	10	24	24	41
Influenza ...	—	—	—	—	1	—	—	—	2	—	4	4	5	8	4	11	16	23
Pneumonia ...	7	3	1	—	—	—	—	—	1	—	11	1	8	8	12	11	40	23
Bronchitis ...	—	—	—	—	1	—	—	—	—	1	17	8	26	11	17	14	61	34
Other diseases of respiratory system	—	—	1	2	—	—	—	—	—	1	5	1	2	—	3	1	11	5
Ulcer of stomach and duodenum ...	—	—	—	—	—	—	—	—	—	—	3	1	2	1	3	1	8	3
Gastritis, enteritis and diarrhoea ...	2	—	—	—	—	—	—	—	—	—	2	—	—	1	—	3	4	4
Nephritis, nephrosis... ..	—	—	—	—	—	—	—	—	2	—	2	1	—	1	1	3	5	5
Hyperplasia of prostate ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3	—
Pregnancy, childbirth, abortion ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital malformations ...	4	12	—	—	—	1	—	—	1	1	2	1	—	—	—	—	7	15
Other defined and ill-defined dis-	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
eases ...	20	18	1	1	1	—	1	—	—	4	10	8	5	15	4	22	42	68
Motor vehicle accidents ...	—	—	—	1	—	—	3	1	2	1	1	4	2	5	4	1	12	13
All other accidents ...	2	1	—	—	3	—	1	—	2	1	5	3	3	2	3	10	19	17
Suicide ...	—	—	—	—	—	—	2	—	5	2	6	5	1	3	—	—	14	10
Homicide and operations of war ...	—	—	—	—	—	—	—	1	1	1	3	—	—	—	—	—	4	2
TOTALS ...	35	34	3	4	8	3	8	2	33	27	262	133	212	222	198	322	759	747
	69		7		11		10		60		395		434		520		1506	

Table 5.
Deaths in Hospitals and Institutions.

	M	F	Total
Preston Royal Infirmary...	157	111	268
St. Joseph's Hospital ...	19	35	54
Ribbleton Hospital ...	12	3	15
Deepdale Hospital ...	13	11	24
Willows Convalescent Home ...	3	—	3
Sharoe Green Hospital ...	122	123	245
Hospitals, other, outside the area ...	36	33	69
Total ...	362	316	678

The figure of 678 deaths in hospitals and institutions represents 45.02% of the total deaths.

Table 6.
Deaths in the various wards.

	St. John's	Avenham	Central	Ashton	Savick	Tulketh	Moorbrook	Park	St. Matthew's	Deepdale	Ribbleton	Fishwick	Totals
Percentage of Total Population...	8.8	7.9	8.6	7.9	6.2	7.9	8.8	8.5	8.5	7.9	10.5	8.5	
Under 1 year ...	2	6	7	3	6	6	9	4	2	4	9	11	69
1—2 years ...	—	—	—	—	1	—	—	—	—	—	—	—	1
2—5 years ...	—	1	1	—	1	—	1	—	—	—	1	1	6
5—15 years ...	—	—	1	—	—	—	1	—	2	—	7	—	11
15—25 years ...	—	1	—	1	1	2	1	2	—	1	—	1	10
25—45 years ...	6	8	4	4	3	6	6	4	6	3	8	2	60
45—65 years ...	41	34	25	32	24	34	42	38	33	21	40	31	395
65—75 years ...	51	32	33	37	19	36	59	42	34	30	27	34	434
75 and over ...	74	42	46	41	14	44	64	40	36	38	31	50	520
Total ...	174	124	117	118	69	128	183	130	113	97	123	130	150

Table 7.
Comparative Annual Numbers and Rates of Births and Deaths.

Year	Population	No. of Births	Rate per 1,000 Living	No. of Infant Deaths	Infant Mortality	Maternal Mortality		Rate per 1,000 Births	Total No. of Deaths	Rate per 1,000 Living
						Diseases and Accidents P.F.	Others			
1900	118,902	3,410	28.67	814	236	2	11	3.80	2,636	22.16
1	113,117	3,418	30.21	737	218	12	13	7.31	2,213	19.56
2	113,766	3,278	28.81	618	188	4	10	4.27	1,998	17.56
3	114,404	3,453	30.18	541	156	3	15	5.21	1,955	17.08
4	115,055	3,314	28.26	609	183	5	12	5.13	2,091	17.83
5	115,721	3,259	28.16	490	150	7	12	5.83	1,906	16.47
6	116,399	3,317	28.49	665	200	2	13	4.52	2,065	17.74
7	117,093	3,124	26.68	495	158	1	11	3.84	2,003	17.10
8	117,799	3,309	27.56	516	156	2	11	3.92	1,975	16.45
9	118,519	3,027	25.54	416	137	5	8	4.29	1,721	14.52
1910	119,253	2,812	23.58	438	156	4	7	3.91	1,758	14.74
1	117,216	2,726	23.25	473	173	2	13	5.50	1,984	16.92
2	117,630	2,753	23.40	342	124	1	4	1.82	1,972	16.76
3	118,070	2,888	23.95	462	160	2	6	2.77	2,043	16.98
4	118,514	2,841	23.97	401	141	2	20	7.74	1,873	15.80
5	118,118	2,546	21.48	395	155	5	7	4.71	2,086	18.63
6	119,611	2,315	19.36	254	109	3	3	2.59	1,774	16.14
7	118,993	2,019	16.96	255	124	1	5	2.96	1,660	15.46
8	118,595	1,906	16.07	213	113	2	4	3.15	1,944	18.36
9	122,168	2,086	17.45	225	110	5	4	4.31	1,760	14.72
1920	122,133	2,984	24.43	301	101	9	13	7.37	1,659	13.60
1	119,900	2,811	23.44	316	112	7	8	5.34	1,595	13.30
2	120,900	2,482	20.53	242	97	3	9	4.83	1,662	13.75
3	121,700	2,426	19.11	238	98	3	8	4.54	1,676	13.77
4	123,100	2,328	18.91	225	97	5	8	5.58	1,714	13.92
5	122,900	2,174	17.69	286	131	6	7	3.22	1,787	14.54
6	124,200	2,160	17.39	195	90	8	9	7.87	1,596	12.85
7	127,100	1,892	14.88	206	109	3	6	4.77	1,785	14.04
8	127,100	1,916	15.07	175	91	3	9	6.27	1,614	12.69
9	126,100	1,967	15.60	205	104	4	8	6.10	1,772	14.05
1930	126,100	1,975	15.66	145	73	9	4	6.59	1,554	12.24
1	120,100	1,881	15.66	165	88	5	5	5.32	1,661	13.83
2	118,500	1,764	14.89	149	84	4	6	5.67	1,547	13.05
3	117,800	1,720	14.60	150	87	4	3	4.07	1,577	13.39
4	117,490	1,670	14.24	115	69	6	14	11.97	1,611	15.24*
5	116,200	1,742	14.99	140	80	3	5	4.59	1,578	14.94*
6	115,200	1,663	14.43	138	83	7	8	8.60	1,624	15.51*
7	113,600	1,590	14.00	123	77	2	2	2.40	1,614	15.90*
8	113,200	1,766	15.60	125	71	3	—	1.62	1,473	14.44*
9	112,800	1,713	15.19	100	58	2	4	3.34	1,535	15.16*
1940	108,500	1,711	15.77	157	91	2	10	7.03	1,745	16.72*
1	111,490	1,925	17.27	137	71	3	4	3.47	1,543	13.84
2	110,000	1,968	17.89	107	54	2	4	2.94	1,506	13.69
3	109,100	1,952	17.89	132	68	2	2	1.98	1,624	14.89
4	108,190	2,032	18.78	120	59	—	1	0.48	1,386	12.81
5	108,480	1,949	17.97	99	51	1	—	0.51	1,514	13.96
6	114,070	2,380	20.86	134	56	—	4	1.68	1,438	12.61
7	116,520	2,574	22.09	178	69	1	—	0.32	1,578	13.54
8	118,130	2,219	18.78	86	39	1	—	0.44	1,491	12.62
9	119,500	2,170	18.16	94	43	1	—	0.45	1,469	12.91*
1950	120,300	2,101	17.46	68	32	—	—	—	1,550	13.39*
1	118,100	1,962	16.61	68	35	—	3	1.49	1,816	15.99*
2	119,200	1,960	16.44	63	32	—	—	—	1,453	12.67*
3	118,900	1,914	16.10	63	33	—	4	2.04	1,354	11.83*
4	118,400	1,823	15.40	50	27	—	1	0.54	1,407	12.83*
5	117,400	1,832	15.60	53	29	—	2	1.07	1,459	13.42*
6	117,200	1,843	15.73	55	30	—	1	0.53	1,449	14.46*
7	116,200	1,933	16.64	67	35	—	2	1.01	1,445	14.43*
8	115,100	1,864	16.19	58	31	—	—	—	1,457	14.56*
9	114,200	1,964	17.20	63	32	—	2	1.00	1,409	14.07*
1960	113,460	2,023	17.83	64	32	—	1	0.49	1,448	14.55*
1	113,170	2,037	17.99	69	34	—	—	—	1,506	15.17*

The death rate for the years 1934-1940 and 1949 onwards have been adjusted in accordance with the area comparability factor supplied by the Registrar General annually. The figures for other years are crude death rates.

Mr. E. Heyworth, Manager, Ministry of Labour, Preston, has supplied the following comments, for which I am grateful.

Employment Situation.

The exceptionally high level of employment reached in 1960 continued throughout the early part of 1961 but in the late summer the major industry of Cotton Spinning and Weaving started to decline in activity and a measure of underemployment by firms going on short-time for odd days each week persisted to the end of the year with extended stoppages at Christmas. The closure of a number of spinning and weaving mills in the old established firm of Horrockses Crewdson Ltd., caused substantial redundancy of older workers resulting in premature retirements of many married women and unemployment of men in the older age groups finding difficulty in obtaining alternative employment. The general decline in the Cotton trade has also meant the termination of the short evening shift of 6 p.m. to 10 p.m. that provided part-time work for numbers of married women and pensioners. Some falling off in employment was also recorded in allied textile trades and footwear manufacture.

Fortunately due to the diversity of industry and trades in Preston many redundant cotton workers have been found fresh employment for in the major industries of Aircraft, Motor Vehicle, Chemicals, Electrical and General Engineering, full employment has been maintained with a regular measure of overtime working.

No large scale new industry has been set up in the area during the year but a number of firms have expanded and introduced new products and increased their labour forces. Building and Works of Construction have been carried out on a fairly substantial scale both public building and new large stores making the town an increasingly busy shopping centre with transport services employed to a very high level.

Demands for labour, apart from Cotton in the later months, were in excess of supply so far as skilled labour is required and continued efforts have been made to recruit from other districts though skilled shortages exist in most parts of the country.

Many demands for semi-skilled and unskilled process workers for shift work have been met by coloured immigrants though few possess any high degree of skill and so have been of little immediate help in solving the skilled labour problem. With the overall decline in activity of process work towards the end of the year the register of unemployed coloured workers rose considerably.

Unemployment recorded on the unemployed registers rose from 1.2% of the estimated working population in January to 1.5% in December and at no time exceeded the percentage unemployed in the North West Region or the percentage for Great Britain.

Placings for the year totalled approximately 10,000 adults and juveniles indicating a busy labour market and a constant turnover of labour operating in a diversified industrial area.

The specialist Employment services operated through the Preston Exchange have further developed in use to employers and the public generally. The Professional and Executive and the Nursing Appointments Registers show increased activity and the Disablement Resettlement Service continues to deal with the problems of industrial rehabilitation, vocational training and the finding of suitable employment for handicapped persons.

By co-operation with the Hospitals in the area the Nursing Appointments Officer has been able to give assistance in the urgent need for staffing in the general hospitals and in the wider area covering the vital requirements of the Psychiatric hospitals.

With the increasing number of school leavers in the coming year it is hoped that with planned training and increased opportunities for apprenticeships much will be done in the long term to provide the technical and highly skilled workers so necessary to meet the future needs of this progressive town.

The Local Employment Committee and the Disablement Advisory Committee under the Chairmanship of Mr. W. Seed and Dr. P. McK. Logan meet regularly to consider the employment position in the area and make recommendations to the Ministry.

Table 8.
Monthly Unemployed Register, 1961.

1961	MEN		WOMEN		Total 1961	Total 1960	Total 1959
	Wholly Unemployed	Tempora'ly Stopped	Wholly Unemployed	Tempora'ly Stopped			
January ...	658	—	252	17	927	1186	2090
February...	604	—	263	12	879	1235	2057
March ...	591	1	252	4	848	1138	1809
April ...	595	—	276	6	877	1079	1701
May ...	535	—	217	2	754	953	1704
June ...	526	2	242	3	773	969	1222
July ...	547	4	212	3	766	844	1131
August ...	649	1	281	52	983	863	1140
September	627	24	266	49	966	847	1115
October ...	670	—	341	124	1135	802	1124
November	694	169	285	238	1386	754	1114
December	754	3	287	143	1187	708	1032

Mr. Richardson, the Juvenile Employment Officer, has furnished the following figures in regard to the number of juveniles who were unemployed during the year.

Table 9.								
Number of Unemployed Juveniles in 1961 and the previous year.								
Month			Boys		Girls		Total	
			1960	1961	1960	1961	1960	1961
January	...	...	29	12	23	6	52	18
February	...	...	16	15	4	5	20	20
March	...	...	8	13	6	14	14	27
April	...	...	37	22	25	13	62	35
May ...	...	...	12	17	4	12	16	29
June	...	...	16	10	5	6	21	16
July ...	...	...	12	8	6	5	18	13
August	...	...	42	47	13	28	55	75
September	...	...	16	21	19	12	35	33
October	...	...	7	15	7	17	14	32
November	...	...	9	12	4	25	13	37
December	...	...	9	11	3	9	12	20

General Provision of Health Services for the Area

1. CARE OF MOTHERS AND YOUNG CHILDREN.

Statistics.

2,037 live births were registered during the year and there were 60 stillbirths.

Domiciliary midwives notified 27.24% of the total births, 44.91% were notified from Sharoe Green Hospital and 21.52% from Preston Royal Infirmary.

Investigations into the social circumstances of applicants for admission to hospital confinement continued to be carried out and numbered 106 in respect of Sharoe Green Hospital and 11 for Preston Royal Infirmary. Advice was given that there were reasonable facilities for domiciliary confinement in 59 cases.

Maternal Deaths. No maternal death occurred during the year.

Puerperal pyrexia. 37 cases were notified during the year and 34 of these came from hospitals.

Stillbirths. Total number 62.

Source of notification—

Sharoe Green Hospital	...	...	40
Preston Royal Infirmary	...	...	15
St. Joseph's Hospital	...	...	1
Domiciliary practice	...	...	6
Unattended births—local Registrar	—		

The stillbirth rate of 28.61 per 1,000 related births showed an increase from the very low rate of 18.17 that applied in 1960.

Infant deaths.

Total number of deaths of infants under the age of one year	...	69
Infant mortality rate per 1,000 live births	...	34
Number of deaths of infants under one month old	...	48
Neo-natal mortality rate per 1,000 live births	...	23.56

Table 10.
Infant Deaths.

Cause of Death (Registrar-General's Abridged List)					AGE AT DEATH														Total				
					Days				Weeks		Months												
					0—		1—6		1—3		1+		2+		4+		6+				9—12		
					M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
23.	Pneumonia	...	...	...			2		1				3	1	1	2					7	3
27.	Gastritis	...	...	...							1		1								2	
31.	Congenital Malformations				...	1	5	2	1			1	1		4		1				4	12	
32.	{	Prematurity			...	...	5	10	5	1											10	11
		Asphyxia amd Atelectasis				2	1		1												2	2	
		Other Defined and Ill-defined Causes			...	2	4	4			1			1				1			8	5	
34.	All other Accidents				...	...	1						1					1			2	1
Total					...	11	20	13	3	1		3	1	5	6	1	3		1	1		35	34

Clinic Premises.

Five *ad hoc* maternity and child welfare clinics at Saul Street, Walton's Parade, Cuttle Street, Tulketh Road and Manchester Road were in use during the whole of the year and in addition the newly built Ribbleton Clinic to replace the services provided at St. Mary's, Ribbleton, was opened in November, 1961. These premises show the modern approach to health activities and instead of an austere and business like appearance are attractive and welcoming. The rooms are pleasant and colourful with wide windows looking over the surrounding estate and there is comfort and interest in the waiting room where there are small tables and comfortable chairs. The mothers very much appreciate this new clinic. Rented premises continued to be used at Barlow Street and Guttridge Church Hall and in February fortnightly infant welfare sessions were begun in Lea Methodist Church Hall.

As a matter of policy the Health Committee has considered it reasonable to make available in the evening accommodation in the central clinic, Saul Street, for certain voluntary organisations engaged in the promotion of the welfare of persons handicapped in various ways.

Plans for the creation of a new comprehensive clinic to replace the present Barlow Street clinic have been approved and it is expected that the erection of this new clinic, the third to be built since the end of the war, will start about mid 1962.

Ante Natal and Post Natal Clinics.

Seven combined ante natal and post natal clinics were held weekly in 1961. During the year 1,026 mothers made 5,695 attendances compared with 973 and 5,076 in 1960.

Thirty-three mothers attended for post natal examination. This is a small proportion of the home deliveries since most mothers are advised to attend their own doctor for this examination.

The consultative ante-natal clinic continued to be held weekly at Saul Street when altogether 535 mothers attended for the first time and 157 re-attended during the year. Most of these visits are for a routine check at eight months by a consultant. Other mothers are sent at varying periods of pregnancy for advice on some abnormality or to decide whether home confinement is advisable as when there has been difficulty in a previous confinement or the mother has had several confinements and so is more prone to difficulty. Mothers expect the opportunity of a visit to the consultant and appreciate it.

At the ante natal clinic mothers are encouraged to book a doctor for their confinement if they have not already done so, and practically all mothers follow this advice.

Relaxation exercises for childbirth are taught by the physiotherapist and are available at Saul Street to all expectant mothers, as are mothercraft classes taken by the superintendent midwife.

Vaccination against poliomyelitis is offered to all expectant mothers who have not already received it and is usually readily accepted.

Child Welfare Clinics.

Nine medical and one non-medical sessions were held weekly throughout the year and one medical session fortnightly from the 3rd February, 1961. The total attendances during the year numbered 27,496 and the total number of children who attended was 3,860, compared with 26,737 attendances, and a total of 3,650 children attending during 1960.

Testing the urine of every infant by a simple test on the baby's napkin, carried out either in the clinic or the home has been continued throughout the year in order to detect any case of phenylketonuria, a rare condition which can be treated successfully, if detected in early infancy but which retards development if not detected. One case was found during the year by this routine test at home at the age of 6 weeks and the baby is making satisfactory progress under treatment.

The hearing of young infants who might be "at risk" as the result of german measles in pregnancy or maternal rhesus negative blood, or when the child has other defects, is tested as a routine by the health visitors in the clinics or sometimes at home. Any case where deafness is suspected as a result of the test is referred to the audiology clinic at Saul Street.

Immunisation of infants against diphtheria, whooping cough, tetanus and poliomyelitis is offered at several of the regular infant welfare sessions thus saving

the mother additional journeys. Many mothers take advantage of this and combine the visit for immunisation with their usual welfare visits.

The make-do-and-mend sessions for dressmaking and toymaking are held at the clinics weekly or fortnightly by two demonstrators and continue to be popular and well attended. Besides making new garments for the children and themselves mothers are shown how to cut down the best parts of their old coats, suits or dresses to make new looking clothes for their children thus helping out their budget.

The ladies of the Preston and District Infant Welfare Voluntary Workers' Association have continued to give their services and to render assistance at the infant welfare clinics.

Toddlers' Clinics.

Children between the ages of two and five years are seen by appointment about the time of their birthdays at the toddlers' clinics which are held fortnightly in all the child welfare centres. This annual routine medical inspection during the gap between infancy and school enables early signs of defects of speech, hearing and vision or of delayed development to be detected. Also it provides an opportunity for the mother to discuss her problems and worries. Mothers are very disturbed if their child is later in walking, talking or achieving toilet control than that of a relative or neighbour of the same age even though the child is quite advanced in other respects. They feel they have failed somewhere and this feeling is intensified by thoughtless remarks by other parents. They come to the inspection to find out what is wrong and often need much reassurance before accepting that children need not all be alike.

Parents now expect to have this routine inspection and often enquire when they can expect to have an appointment.

Heaf testing is offered to all toddlers at around their fourth birthdays. (See Prevention of Tuberculosis).

Table 11 shows the numbers attending the various clinics during the year.

Table 11. Toddlers' Clinics, 1961.						
Clinic				No. invited	No. who attended	No. referred for specialist treatment
						No. referred for observation
Barlow Street	...	...	...	356	144 46.0%	9
Cuttle Street	...	...	...	420	188 45.0%	9
Deepdale	...	...	...	364	196 53.8%	6
St. Mary's	...	...	...	221	100 45.0%	2
Manchester Road	...	...	...	387	155 40.0%	14
Waltons Parade	...	...	...	403	137 34.0%	16
Tulketh Road	...	...	...	393	166 42.2%	12
Saul Street	...	...	...	371	117 31.5%	18
Totals	...	...	...	2,915	1,203 41.1%	86
						66

Welfare Foods.

The centre at the Town Hall continued to sell the standard goods and the following quantities were distributed :

National Dried Milk	...	25,967 tins
Orange Juice	... ..	29,029 bottles.
Cod Liver Oil	... ..	3,180 bottles
Vitamins A and D	...	4,452 packets

From the 1st June, 1961 tokens were no longer required for vitamin supplements supplied through the Welfare Foods Service and at the same time the prices were increased as follows :—

		<i>Prior to</i>	<i>After</i>
		1.6.61	1.6.61
Orange Juice (6oz. bottle)	...	5d.	1/6
Cod Liver Oil (6oz. bottle)	...	Free	1/-
A & D Tablets (45 tablets)	...	Free	6d. per pkt.

The increase in price caused a considerable decrease in the sales.

The centre was transferred to Saul Street Clinic on the 2nd September, 1961, when the Town Hall was closed prior to demolition.

In addition, dried milk and other nutrients continued to be sold at the infant welfare centres and during 1961 a quantity costing £4,318 was handled. The supply of free nutrients cost the Council £226.

ANCILLARY THERAPY.

Dental Treatment.

Mr. A. Kershaw, the Senior Dental Officer, has supplied the following report :—

The Assistant Medical Officers have continued to refer some nursing and expectant mothers and pre-school children for dental inspection and treatment.

Patients of these categories appear to be well cared for under this and the free National Health Scheme.

Work done is as shown in Table 12 :—

Table 12. No. of patients provided with dental treatment and form of treatment given.							Expectant and nursing mothers	Children under 5 years
Examined	...	...	...	...	...	...	50	30
Needing treatment	...	...	...	...	...	...	50	25
Treated	...	...	...	...	...	...	41	23
Made dentally fit	...	...	...	...	...	...	13	19
Extractions	...	...	...	...	...	...	74	30
Anaesthetics—Local	...	...	...	...	...	...	53	2
General	...	...	...	...	...	...	12	12
Fillings	...	...	...	...	...	...	118	1
Scaling and gum treatment	...	...	...	...	...	...	28	—
Silver nitrate treatment	...	...	...	...	...	...	2	14
Dressings	...	...	...	...	...	...	5	3
Radiographs	...	...	...	...	...	...	—	—
Dentures provided—								
Complete	...	...	...	...	...	...	3	—
Partial	...	...	...	...	...	...	2	—
Dentures re-lined	...	...	...	...	...	...	—	—
Attendances by Patients	...	...	...	...	...	...	155	43

Physiotherapy.

Clinic sessions for remedial exercises were held regularly throughout the year at the Open Air School and Saul Street Clinic.

Artificial sunlight therapy was continued at the Open Air School during the whole of 1961.

Sessions were also held at Saul Street ante natal clinic providing exercises for expectant mothers.

The following table shows details of the work done in 1961 :—

Table 13. Physiotherapy treatment					
		New Patients	Number Discharged	Attendances	Sessions held
Pre-school children	...	49	26	537	91
Expectant mothers	...	19	11	149	58
Artificial sunlight therapy	...	6	7	47	29

Ear, Nose and Throat Clinic.

Facilities for the diagnosis and treatment of ear, nose and throat conditions exist through the clinic run as part of the School Health Service. The following is a summary of the work done for pre-school children :—

New cases	...	...	...	...	15
Re-inspections	...	...	...	...	28
Referred for :					
Operative treatment...	...	...	...	...	10
Treatment in clinic	...	...	...	...	3
Observation	...	...	...	...	24
X-ray	...	...	...	...	2
Audiometer Test	...	...	...	...	—
Deaf Aid	...	...	...	...	2
Treatment :					
Operative	...	...	...	...	10
Clinic	...	...	...	...	31
Total attendances	...	...	...	...	43

Ophthalmic Clinics.

The majority of pre-school children dealt with were seen at the squint clinic. The following is a record of the work done on pre-school children during the year :

Number of children dealt with	...	...	...	...	60
New cases	...	...	...	...	41
Refractions	...	...	...	...	42
Re-inspections	...	...	...	...	66
Prescriptions given	...	...	...	...	22
Referred for :					
Operative treatment...	...	...	...	...	4
Orthoptic treatment...	...	...	...	...	—
Total attendances	...	...	...	...	103

Paediatric Clinic.

Pre-school children referred to the Paediatric Clinic at the Open Air School numbered 7 in 1961.

Total attendances	...	...	...	...	11
Number attending	...	...	...	...	11

Orthopaedic Clinic.

The following is a record of the work done on pre-school children during the year at the Orthopaedic Clinic at the Open Air School :

Number of children under treatment	...	...	...	...	32
New cases	...	...	...	...	13
Total attendances	...	...	...	...	50
Referred for X-ray	...	...	...	...	2
Recommended admission to hospital	...	...	...	...	—
Classification of defects dealt with :					
Congenital deformities	...	...	...	...	2
Other deformities	...	...	...	...	30

One child was transferred to Preston Royal Infirmary for further treatment and supervision.

Audiology Clinic.

During 1961 the number of children dealt with at the Audiology clinic was 49 of whom 16 boys and 13 girls were new cases and 20 were reviews from the previous year.

Sixteen were referred to the clinic by Assistant Medical Officers and the Paediatrician, twelve by Health Visitors and one by Dr. Taylor of Manchester.

The results are shown in the following table :

Results	Age Groups (years)			Total
	0—1	1—5	5—15	
Referred to E.N.T. clinic				
(a) Hearing loss 	—	2	1	3
(b) Other causes 	—	2	—	2
No Hearing Loss :				
Discharged 	—	13	2	15
For review :				
(a) Speech defect 	—	6	1	7
(b) Mental defect 	—	2	—	2
Total 	—	25	4	29

One child was admitted to the Nursery department of the Royal Cross School during the year. This child together with one other child received auditory speech training and two children were issued with hearing aids.

Care of Illegitimate Children.

General arrangements under this heading were continued during 1961 and close liaison was maintained with the local moral welfare councils.

One case was cared for during the year.

Care of Premature Infants.

The care and nursing of premature babies born at home who are not ill or exceptionally small, is carried out by the midwives with the help of their Supervisor, until a weight of 6 lbs. is attained.

Those babies who are ill or who are less than 4½ lbs. in weight are usually transferred to hospital either in the Supervisor's car or in the ambulance in an oxygenaire tent.

For those at home a premature baby outfit including a cot (moses basket), blankets, sheets, hot water bottle with cover, wall thermometer and premature baby clothes is always available and is brought to the home by ambulance or by the Supervisor in her car. The outfits were used six times during the year ; five

times for premature births and once for a baby whose mother had made no preparations for the birth.

All the midwives have sparklet oxygen outfits as regular equipment for the resuscitation of infants and in addition an oxygenaire tent is available when oxygen is needed for any length of time.

The midwives train both parents in premature baby care, especially in maintaining an even temperature in the room, in guarding against draughts and in methods of feeding. In nearly all cases the parents have shown great interest and co-operation.

These arrangements have continued to prove satisfactory for some years.

The following table gives the number of infants born prematurely and their survival state up to 28 days after birth.

Table 15.
Premature Infants Survival State.

Birth Weight	Died First 24 hours	Died 2nd— 7th day	Died 8th— 28th day	Sur- vived 28 days	Total
Babies born at home and nursed at home—					
Up to 3 lbs. 4 ozs.	—	—	—	—	—
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	1	—	—	5	6
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	—	—	—	4	4
5 lbs. to 5 lbs. 8 ozs.	—	—	—	16	16
Total	1	—	—	25	26
Babies born at home and transferred to hospital—					
Up to 3 lbs. 4 ozs.	—	—	—	—	—
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	—	—	—	1	1
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	—	—	—	—	—
5 lbs. to 5 lbs. 8 ozs.	—	—	—	—	—
Total	—	—	—	1	1
Babies born in hospital—					
Up to 3 lbs. 4 ozs.	13	7	—	6	26
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	2	1	—	29	32
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	1	—	—	25	26
5 lbs. to 5 lbs. 8 ozs.	3	1	—	65	69
Total	19	9	—	125	153
Babies born in private maternity homes—					
Up to 3 lbs. 4 ozs.	—	—	—	—	—
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	—	—	—	—	—
3 lbs. 7 ozs. to 4 lbs. 15 ozs.	—	—	—	—	—
5 lbs. to 5 lbs. 8 ozs.	—	—	—	—	—
Total	—	—	—	—	—
GRAND TOTALS	20	9	—	151	180

Day Nurseries.

For the first time for three years the number of places has remained the same throughout the year—143; 60 for children under 2 years and 83 for those from 2-5 years. The number on the registers has remained fairly constant, except for short periods when admissions ceased because of infection.

The number of attendances is down by almost 2,500. This is mainly due to three reasons :

- (1) There were four nurseries open for the first three months of 1960.
- (2) The increase in fees.
- (3) Infection.

In January the fees were increased from 7/6 to 10/- per day for the first child in any family, though the charge for any subsequent child remained at 5/-. This resulted in an increased number of discharges during January and February. Some mothers, especially those with two children, decided it was not an economic proposition to pay £3.15.0 per week nursery fees for them, and so they gave up working. Others continued to work but took their children out and placed them with minders, frequently an unsatisfactory arrangement. The health visitors find it difficult to keep track of these children as they are moved from one minder to another as first one and then another tires of them. Many of the children remaining in the nursery are kept out for odd days and minded by a grandparent, or even a brother or sister, in order to save a day's fees. The attendances always drop to a certain extent during school holidays.

Infection, in the form of the usual childish ailments, hit the nurseries hard during the year. There were outbreaks of measles, german measles, chicken pox and even mumps, an infection which is usually confined to the odd case.

The number of cases in the nursery on social grounds was slightly higher this year. 81 children were on reduced fees, one was in free and the remainder paid varying amounts from 5d. to 9/6 per day. This number remains fairly constant as these are the families where the need for nursery accommodation is greatest, usually because there is only one breadwinner, and the children remain in the nursery until they go to school.

Two nurseries had children in whose parents were both deaf, and who consequently had very little opportunity to hear normal speech. The child of the blind parents, who had been in since he was a toddler, reached school age this year. A profoundly deaf child was in for a few months while waiting for a vacancy at the Royal Cross School nursery. She was showing the typical signs of frustration at home and it was thought that the communal life of the nursery might help.

The nurseries are happy to help in an emergency and they can always find room for the children whose mothers are admitted to hospital without warning. One young baby found abandoned by the health visitor was taken in and fed while the Children's Department made arrangements for his care. The mother of a three-month-old baby travelling to Scotland missed her train connection and was stranded in Preston without food for the baby on early closing day. She was taken to the police station and the policewoman went to the nursery for a feed for the baby. The matron later had a charming letter of thanks from the mother in Edinburgh.

The liaison between the nurseries and the health visitors continued to be good and one was able to help the other on numerous occasions.

In addition to the practical training of their own students the nurseries co-operate with other training establishments. Student health visitors from Bolton Technical College doing their practical training in Preston spend a few days in the nurseries, and the pupils at St. Joseph's Hospital training for the State Enrolled Register come to Hartington Road and Isherwood Street for three weeks of their training. The summer vacation always sees at least one student teacher spending a week or two with the children and gaining knowledge for a thesis. School children on project work or doing mothercraft courses are always welcome visitors.

Table 16.
Summary of Statistics, 1961.

	Eldon St.	Fish- wick	Harting- ton Rd.	Isher- wood St.	Total
Attendances	9,040	—	9,477	11,250	29,767
New children admitted...	49	—	44	48	141
Children left	52	—	43	47	142
On Register—					
January 1st	49	—	49	59	157
December 31st ...	46	—	50	60	156
On Waiting List—					
January 1st	15	—	2	25	42
December 31st ...	10	—	—	24	34
INFECTION :					
Measles	20	—	1	5	26
Rubella	22	—	3	28	53
Chicken Pox	18	—	28	11	57
Whooping Cough ...	—	—	—	—	—
Mumps	1	—	—	24	25
Dysentery	—	—	—	—	—
Scarlet Fever	—	—	—	1	1
Gastro-Enteritis ...	—	—	—	—	—
Hepatitis	—	—	—	—	—
Influenza	—	—	—	—	—

Table 17.
Children attending the day nurseries on Social Grounds 1961.

	On register on December 31st, 1961	On register at any time during 1961 (including previous column)
Parents separated or divorced	20	36
Mother widow	1	2
Father widower	—	1
Mother unmarried	22	35
Mother in hospital or ill	10	33
Father in hospital	5	7
Father continually unemployed	6	4
Poor housing conditions	26	59
Children with speech defects	4	5
Children physically handicapped	5	6
Maladjusted children or parents	13	29
Any other reason	5	11
Parent in Prison	2	2
Total	119	230

Number of 'short stay' children admitted during the year 41

Nursery Nurses Training Scheme.

There were seventeen students in training during the year. Ten students completed the course and eight of them gained their National Nursery Nurses' Examination Board certificates, six in July and two younger ones in November. Three students after qualifying stayed on in the nurseries as nursery assistants, two went as nursery nurses to Preston Royal Infirmary maternity department, three went as nannies in private families, one went to work in the Nursery department of the Royal Cross School for the Deaf and one gave up nursery work altogether.

All three nurseries are training nurseries and the students spend three days a week in these doing their practical training, and the other two days at Alston Hall Day Continuation College doing general and vocational subjects. Several of the students have gained their General Certificate of Education in various subjects. In the case of those going on to do their general nursing training, this may qualify them for admission to a training school without having to do the General Nursing Council Entrance test, or with further subjects may even exempt them from Part I of the Preliminary Examination of the General Nursing Council.

The setting up of the full-time pre-nursing course at Alston Hall in September had some effect on the number and type of candidates applying for the current nursery nurses training, but once the difference between the two courses is recognised by the applicants, they should run happily side by side. Although the number of vacancies for trained staff in the Preston nurseries has been reduced in the last three years, due to the closure of nurseries, the field in which nursery nurses now work has definitely widened. Hospital management

Committees employ them in both maternity units and children's wards, and they work with the younger children in Special Schools, both day and residential. There is always a demand for them in private families, but sometimes the very young nurse finds this too lonely a job. Whatever work they take up after qualifying the majority of them eventually have families of their own, and their training is invaluable.

The Thursday Club.

When this Club was formed in 1952 the object was "to provide a social amenity, to create a better understanding of people, and to endeavour by talks, instruction, etc. to improve the knowledge and widen the interest of the members."

The Club is now entering its tenth year and it is felt that every effort has been made to attain this object. The syllabus over the years has covered a wide range of subjects—cookery, handicrafts, minor repairs in the home, home decorating, dressmaking, prevention of accidents, mass miniature radiography, the Public Library service, the work of the N.S.P.C.C., to mention only a few. On the lighter side, there have been films both instructive and entertaining, outings to the Theatre and Christmas Parties.

The interest and enthusiasm of the members has grown and they are ever ready to put forward suggestions for future programmes.

At the end of 1961 the Secretary, Mrs. Pape, intimated that she would reluctantly have to resign from this office. Mrs. Pape has been secretary since the Club's inception and a great deal of its success has been due to her untiring efforts. Members and all concerned with the running of the Club are most grateful to her.

1961 PROGRAMME—

January	...	Business meeting and Beetle Drive.
February	...	W.V.S. "One in Five Lectures."
March	...	W.V.S. "One in Five Lectures" completed.
April	...	Miss Manning—Physiotherapist—"Foot Care."
May	...	Mrs. Decker—"The Care of the Deprived Child."
June	...	Visit to Opera House, Blackpool.
August	...	Cookery Demonstration—N.W.E.B.
September	...	Demonstration of Floral Arrangements by Forshaws.
October	...	Talk on Care of the Hair and Hairdressing Demonstration.
November	...	Holiday Travel Films—by Ribble Motors.
December	...	Christmas Party.

II. MIDWIFERY.

At the end of the year 33 midwives were in practice in the town of whom 19 were employed in hospital practice at Preston Royal Infirmary, 4 were employed at St. Joseph's Private Hospital, to which general practitioners have access with their patients and 10, including the supervisor, were employed in the municipal domiciliary service where during the year the establishment was increased by one.

581 deliveries were actually carried out by midwives of which 60 were performed in the presence of the family doctor. 27.4% of the total confinements attributable to Preston took place outside hospital and maternity home practice.

In domiciliary practice trilene was administered to 473 mothers, gas and air analgesia to 2 mothers and pethidene to 374 mothers. 669 accouchement outfits were provided. Medical aid was sought in 8 cases, one of whom had engaged a doctor and the services of the hospital flying squad were not required during the year. The oxygenaire apparatus was used on one occasion following a normal delivery when an asphyxiated baby was slow to respond to treatment and he was placed in the incubator for two hours and then transferred to hospital. He was able to be discharged twenty-four hours later considerably improved.

The close liaison that exists between family doctors, consultants and midwives has permitted the holding of parentcraft discussion groups at Saul Street clinic under the direction of the supervisor of midwives. Primigravidae wherever booked for confinement are invited to attend and eighteen courses consisting of two afternoon or evening sessions for six weeks were held. There was a welcome increase in the number of expectant fathers attending these courses during 1961.

Co-operation in the training of midwives has been intensified. Pupils from Preston Royal Infirmary undertaking training for the first part of the diploma of the Central Midwives Board attend the parentcraft discussion groups.

Six of the domiciliary midwives are approved district teachers for the second part of the diploma in midwifery and trained during the year 4 pupils from Blackburn where the arrangements had temporarily become difficult. All four pupils succeeded in passing their final examination.

The joint scheme with the Southport Hospital Management Committee and its Christiana Hartley Hospital for the training of pupils for the second part of the Central Midwives Board diploma in midwifery started in September. Five pupils spent three months living in the hostel provided by the Corporation at Walton's Parade and one lived at the home of a midwife during the period of district practice.

Table 18.
Total confinements and distribution of these confinements between hospitals and nursing homes, general practitioners and midwives for fourteen years since 5th July, 1948, and attendances at Corporation clinics.

Year	DOMICILIARY CONFINEMENTS										CLINICS			
	Hospital con- fine- ments	Domi- ciliary con- fine- ments	Total con- fine- ments	% domiciliary confine- ments to total	MIDWIVES		MIDWIVES WITH DOCTORS PRESENT		No. of persons who attended	Total No. of attend- ances at clinics	Average attendance of each person	Ratio of persons attending to total domi- ciliary confine- ments		
					Number attend- ed	% of total domiciliary confine- ments	Number attend- ed	% of total domiciliary confine- ments						
1	2	3	4	5	6	7	8	9	10	11	12	13		
1948 (from July)	829	270	1,099	24.57	172	63.7	98	36.3	222	690	3.11	82%		
1949	1,639	574	2,213	25.94	350	61.0	224	39.0	777	2,994	3.85	135%		
1950	1,669	487	2,156	22.59	323	66.3	164	33.7	602	2,798	4.53	124%		
1951	1,530	454	1,984	22.88	302	66.5	152	33.5	620	3,023	4.88	137%		
1952	1,511	508	2,019	25.16	321	63.3	186	36.7	667	3,311	4.97	132%		
1953	1,454	548	2,002	27.37	424	77.6	122	22.4	770	3,891	5.05	141%		
1954	1,422	487	1,909	25.50	366	75.2	120	24.7	712	3,793	5.16	146%		
1955	1,527	350	1,877	19.18	297	84.9	52	14.9	727	3,593	4.94	208%		
1956	1,526	373	1,899	19.64	310	83.1	63	16.9	670	3,142	4.69	180%		
1957	1,641	391	2,032	19.24	354	90.5	37	9.5	758	3,451	4.55	194%		
1958	1,442	471	1,913	24.62	425	90.2	46	9.8	747	3,981	5.33	158%		
1959	1,486	551	2,037	27.05	506	91.8	43	7.8	934	5,050	5.41	170%		
1960	1,457	603	2,060	29.27	554	91.9	44	7.3	973	5,076	5.20	161%		
1961	1,548	585	2,133	27.42	521	89.7	60	10.3	1,026	5,695	5.55	175%		

Table 19.
Place of delivery of Preston mothers during 1961.

Place of confinement						Available beds	No. of Preston deliveries
Domiciliary	...	...	...	...	...	—	585
Sharoe Green Hospital	...	...	...	...	...	53	958
Preston Royal Infirmary	...	...	...	...	...	50	459
St. Joseph's Hospital	...	...	...	...	...	25	119
Maternity homes	...	...	...	...	...	—	—
Other hospitals	...	...	...	...	...	—	6
Others	...	...	...	...	...	—	6
Totals						128	2,133

III. HEALTH VISITORS.

At the end of the year there were 20 trained whole time, and 2 part time, Health Visitors on the staff together with the Superintendent and her Deputy. Although still 9 below the establishment of 32 this was a more satisfactory state of affairs than for some time past. It was due to the fact that the 6 Student Health Visitors who were sent for training in September, 1960, returned as qualified Health Visitors in July, 1961. Also, we were happy to renew the services of two married women who had previously been whole-time members of the staff. They had resigned because of domestic reasons, but circumstances were such that they now felt able to again take up duties on a part-time basis.

In September 2 Students left the department in order to undertake the Health Visitors' Training Course. This figure is 2 below the usual permitted number of 4 to be sent annually for training. It was disappointing, but the required number of suitable applicants was not forthcoming.

The work of the section remained basically as before. The health visitors' energies are still required in the field of general care and management of the baby, the problems of infant feeding, the education of the parent to the value of immunisation and vaccination, the domiciliary supervision of the tuberculous, physically handicapped and aged persons.

The age in which we live with increased leisure time, easy hire purchase, Bingo halls, and the aim of "keeping up with the Joneses" has produced problems of other kinds. Inability to put the family income to its proper use and to keep hire purchase in its proper perspective in some cases results in debt, breakdown in mental health, or rent arrears. The absence of one or both parents from home during the evenings means lack of control of the children and rift in family life.

Such social problems as these are very time consuming, involving much visiting and discussion with the families concerned and with other social workers. The health visitor's aim is to endeavour, through her relationship with the family, to become aware of such trends in the early stages and to offer advice and guidance in relation to budgeting before the damage becomes irreparable.

Considerable help was given during the year by the W.V.S. and the Mayoress's Relief Committee by the provision of clothing, bedding and furniture and we are grateful for this.

The Lions Club arranged outings by coach on 2 days and 22 elderly persons who are more or less housebound, referred by the health visitors, were able to enjoy the outings.

The senior girls attending the Park School requested information relating to elderly persons to whom they might give parcels at Christmas and as a result some 50 persons received delightful parcels of food. Messrs. Foley & Balmer put a large quantity of tinned foods at the disposal of the health visitors in December. This was made into parcels and given to those persons whom we felt to be in need.

Table 20.
Domiciliary Health Visiting.

Number of visits to :									Year 1961
Births (first visit)	...	...	...	...	...	...	...	...	2,018
Births (re-visits)	...	...	...	...	...	...	...	...	12,194
Stillbirths	...	...	...	...	...	...	...	...	55
Children 1—5 years, first visits	...	...	...	...	...	...	...	...	6
re-visits	...	...	...	...	...	...	...	...	13,653
Expectant mothers (first visits)	...	...	...	...	...	...	...	...	178
Expectant mothers (subsequent visits)	...	...	...	...	...	...	...	...	186
Persons suffering from illness, 0—5 years	...	...	...	...	...	...	...	...	31
5—15 years	...	...	...	...	...	...	...	...	69
15+	...	...	...	...	...	...	...	...	368
Infectious diseases	...	...	...	...	...	...	...	...	894
Special visits	...	...	...	...	...	...	...	...	857
Infant death investigations	...	...	...	...	...	...	...	...	70
Visits to elderly, sick and infirm persons	...	...	...	...	...	...	...	...	1,440
Tuberculosis domiciliary visits	...	...	...	...	...	...	...	...	818
Handicapped persons	...	...	...	...	...	...	...	...	608
Total number of visits									33,445

Lectures given during 1961.

Brindle Lodge and Preston Royal Infirmary.

During the year 8 lectures were given to students in the Preliminary Training School. The lectures dealt with the domiciliary services provided by the Local Authority and other bodies. The students who are to complete their training at the Royal Infirmary are given further lectures in greater detail in their third year of training and 9 such lectures were given at the Royal Infirmary during the year. Following these lectures the students spent half a day each with the health visitors paying domiciliary visits—in all 47 students were taken out.

Teachers of Housecraft—Secondary Modern Schools.

A refresher course in mothercraft was arranged for teachers of housecraft in secondary modern schools. A series of 5 talks and practical demonstrations were given by a senior member of the health visiting staff.

Observation Visits.

Park School.

Visits by the social studies group were again made by the senior girls of the school. Clinics, day nurseries, hostels, Open Air School—Spastic Unit, Training Centre, Cromwell Road and the Social Centre, Deepdale, were the places visited.

Student Teachers.

4 student teachers were received into the department and shown various aspects of the work. They consisted of a student teacher of the blind who spent much time among problem families and the residential accommodation provided for the aged ; an infants teacher training at Whitelands College, London, one from Ripon Training College and one from St. Osyth's Training College, Clacton-on-Sea.

Trainee Hospital Welfare Officers.

Arrangements were made for 5 trainees undertaking a course of training organised by the Manchester Regional Hospital Board in conjunction with the University of Manchester to make an observation visit to the Training Centre for the Physically Handicapped. The students were based on the following hospitals—Crumpsall Hospital, Manchester ; Christie Hospital, Manchester ; and Birch Hill Hospital, Rochdale.

A talk on the work of the centre and the liaison with the health visitor covering the domiciliary aspects and needs of the physically handicapped was given by a senior member of the health visiting staff and this was followed by a tour of observation of the centre.

IV. HOME NURSING.

Home nursing continues, under the supervision of the Superintendent of District Nurses, with a staff of 1 Assistant Superintendent, 17 female nurses and one male nurse.

The total number of patients nursed was 2,257 to which 72,469 visits were paid.

The type of work is very varied as the classified tables at the end of the report show.

There is good co-operation between all sections of the health service.

The district work, besides the usual 8-hour duty with daily routine visits to patients, has a service which covers the hours of 6-10 p.m. when very ill patients are attended to and injections of morphia or similar drugs are administered. This part of the service is much appreciated by the people and by the general practitioners and gives much ease to people in pain. The nurses do this part of the service on rota.

A clinic is also run at the centre in Walton's Parade between the hours of 5-7 p.m. to give treatment to patients who, because of this service, are able to go to work. The treatment is usually in the form of injections or minor dressings.

A linen loan service is in operation and is much used for the chronic sick.

A laundry service is in use mostly for the incontinent patient with no relative or facility to cope with the bedding required to nurse the patient satisfactorily.

Elderly people living alone also benefit by both the loan and laundry service, where it is felt it is essential for their good.

Tables 21 to 24 give details of the work done.

Table 21.
Summary of the work of the District Nurses.

	No. of cases at beginning of month	New cases	Terminated				No. of cases at end of month	No. of visits
			Re- covered	Hosp.	Died	Other causes		
January ...	562	171	90	29	25	6	583	6,187
February ...	583	172	126	18	38	7	566	6,210
March ...	566	179	111	30	28	6	570	6,791
April ...	570	109	71	24	20	4	560	5,349
May ...	560	149	99	33	26	6	545	6,643
June ...	545	163	94	21	26	7	560	6,836
July ...	560	94	59	19	16	9	551	5,369
August ...	551	125	65	28	14	9	560	5,245
September ...	560	125	86	11	15	6	567	5,622
October ...	567	148	87	22	21	6	579	7,162
November ...	579	88	53	12	22	3	577	4,276
December ...	577	172	95	32	33	12	577	6,779
Total for year	—	1,695	1,036	279	284	81	—	72,469

Table 22.
Visits paid by district nurses in each of the past five years.

Year	First visits.	Total visits
1961	1,695	72,469
1960	1,859	77,425
1959	2,042	79,961
1958	2,011	80,729
1957	2,146	81,980

Table 23.
Conditions dealt with by District Nurses during the year.

	Number of cases	Number of visits
Heart disease	194	7,337
Cancer	115	4,150
Cerebral vascular disease..	167	6,873
Blood diseases	239	7,598
Diabetes	60	13,547
Tuberculosis	88	5,498
Other chest diseases ...	247	3,005
Other infectious diseases...	47	410
Post operative cases ...	154	3,834
Fractures	15	822
Varicose ulcer of leg ...	45	2,529
X-ray preparation ...	114	224
Local infection	70	1,539
Constipation	123	503
Complications of pregnancy	34	273
All other conditions ...	545	14,327
Total ...	2,257	72,469

Table 24.
**Cases of Infectious Disease and complications of pregnancy
visited during the year by district nurses.**

	Number of Cases	Number of Visits
Pneumonia (all forms)	64	657
Tuberculosis	88	5,498
Influenza	27	239
Tonsillitis	19	150
Erysipelas	1	21
Miscarriage and Abortion	5	40
Caesarean Section	2	13
Mastitis	4	23
Anaemia	13	82
Puerperal Pyrexia	9	109
Embolism	—	—
Contact of Mumps	—	—
Cystitis	—	—
Contact of Chicken Pox	—	—
Retention of Urine	—	—
Pemphigus	1	6
Maternity	—	—
Total	233	6,838

The Chiropody Service for old people and expectant mothers was continued during the whole of 1961 at Saul Street Clinic. An extra weekly session was commenced at Cuttle Street Clinic in December where treatment was provided for patients residing in that area of Preston.

Patients who are unable to make their own way to the clinics are transported by sitting-case car, and a weekly domiciliary service is provided for housebound patients.

During the year 972 treatments were given to patients attending the clinics, and 236 domiciliary treatments were carried out.

V. AMBULANCE SERVICE.

At the end of the year the ambulance fleet consisted of five short-wheel-based Bedford ambulances, one long-wheel-based Bedford ambulance and four seven-seater Bedford sitting-case vehicles.

The number of staff employed was increased in January with the addition of 2 driver/attendants and now consists of thirty personnel including the station officer and three telephonists.

The total mileage covered by the ambulances was 148,030 a slight increase on the previous year.

Ten journeys involving 91 miles were made for Lancashire County Council and 23 journeys involving 521 miles for other authorities.

Table 25 sets out the figures of the work done by the ambulance service from 1950 onwards.

Table 25.
Ambulance Service—Record of journeys made and mileage covered.

BOROUGH												
	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
January Mileage Journeys	7,661 1,622	8,944 1,922	8,620 1,970	10,327 2,365	11,029 2,791	12,535 3,198	12,376 3,015	11,520 2,953	10,737 2,921	12,210 3,452	11,867 1,393	11,785 1,347
February Mileage Journeys	6,848 1,603	7,898 1,719	9,065 1,910	9,188 2,283	10,349 2,688	10,688 2,743	11,763 2,831	10,767 2,724	10,541 2,694	11,466 2,900	12,835 1,429	11,018 1,364
March Mileage Journeys	8,095 1,904	8,484 1,899	8,820 1,811	9,994 2,492	11,092 2,697	11,925 2,928	12,149 3,035	10,568 2,978	11,040 2,812	11,381 2,109	13,090 1,546	12,591 1,425
April Mileage Journeys	7,627 1,638	9,359 1,958	8,614 1,605	9,342 2,293	10,272 2,474	11,110 2,619	11,138 2,811	10,812 2,803	10,498 2,581	10,670 1,420	11,813 1,291	10,091 1,257
May Mileage Journeys	7,686 1,791	8,297 1,887	9,007 1,856	9,341 2,337	11,087 2,932	11,807 2,805	10,640 2,734	11,903 2,948	10,692 2,689	11,883 1,457	12,768 1,513	12,839 1,439
June Mileage Journeys	8,061 1,731	9,060 1,946	9,171 1,802	10,048 2,543	11,486 2,757	11,403 2,923	10,320 2,717	11,004 2,643	11,854 2,891	13,282 1,470	12,720 1,505	13,306 1,489
July Mileage Journeys	8,461 1,958	8,988 1,774	9,598 1,819	9,717 2,438	11,792 2,581	11,987 2,589	10,975 2,433	11,576 2,755	11,280 2,702	11,878 1,461	11,734 1,337	12,406 1,315
August Mileage Journeys	7,765 1,676	9,157 1,625	9,250 1,836	10,325 2,431	11,627 2,789	12,114 2,760	11,103 2,683	10,487 2,534	11,333 2,691	11,396 1,327	11,505 1,437	12,881 1,416
September Mileage Journeys	7,994 1,498	9,394 1,654	8,764 1,854	10,375 2,471	11,080 2,787	12,440 2,852	10,351 2,679	11,516 2,787	11,978 3,104	13,147 1,529	12,122 1,472	13,569 1,420
October Mileage Journeys	8,917 1,615	9,059 1,796	10,129 2,323	11,165 2,687	11,471 2,574	11,576 2,704	12,269 3,195	11,420 2,675	12,165 3,219	12,565 1,378	12,583 1,469	13,072 1,450
November Mileage Journeys	8,427 1,877	7,659 1,784	9,401 2,367	10,873 2,738	13,153 2,963	10,442 2,661	12,603 2,986	11,012 2,775	10,455 2,707	12,260 1,377	12,766 1,408	13,706 1,457
December Mileage Journeys	8,401 1,781	8,561 1,914	9,751 2,630	10,957 2,714	12,460 3,165	10,914 2,738	11,253 2,698	10,216 2,704	10,555 2,803	12,450 1,376	11,507 1,395	10,766 1,388
Total Mileage Journeys	95,943 20,694	104,860 21,948	110,190 23,783	121,652 29,792	136,898 33,198	138,941 33,520	136,940 33,817	132,801 33,279	133,128 33,814	144,588 21,256	147,310 17,195	148,030 16,767

VI. PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

1. Tuberculosis.

The general arrangements for prevention, care, and after-care in relation to tuberculosis are given on page 88, et. seq.

2. Convalescent Treatment, 1961.

37 patients were referred for convalescence during the year—29 women and 8 men. 35 of them went away for a period of two weeks in most cases. One application was cancelled and one patient died. All the patients paid something towards the cost of their convalescence, three paying the full amount. Eleven different homes were used, 8 run by voluntary agencies and 3 privately, including some as far south as Seaford and Bournemouth at the special request of the general practitioners for a warmer climate for their patients.

Few of those patients referred are convalescents in the literal sense, that is "recovering from sickness," the majority are referred for preventive reasons, either for the patients or for the relatives' sake. In the case of those living alone the companionship and care for the brief period does much to raise their morale, as well as improving their physical health. Those who are normally cared for by relatives also enjoy the change of surroundings and the family too are given a much needed break.

20 of the patients referred were over 60 years of age—2 over 90, 3 in their eighties and 12 in their seventies, 5 of those under 60 were physically handicapped in some way.

The types of illness referred for convalescence were in the main cardiac and respiratory diseases and digestive and nervous conditions with general debility among the older patients living alone due to malnutrition.

In addition to general practitioners, health visitors, hospital almoners, welfare workers, the National Assistance Board and the Ministry of Pensions and National Insurance were among those referring patients, but in all cases the family doctor was first consulted.

Homes Used for Convalescence.

VOLUNTARY AGENCIES.

Blackburn & District—St. Annes	...	...	...	...	1
Boarbank Hall, Grange	...	...	...	...	2
Bolton Hospital, Saturday Council—					
Seabright, St. Annes	...	...	...	...	4
Westwood, Blackpool	...	...	...	...	1
British Red Cross—Didsbury	...	...	...	...	1
Lear Home of Recovery, West Kirby	...	...	...	...	2
Metcalfe Smith Convalescent Trust, Harrogate	...	...	...	...	3
Surrey Convalescent Homes, Seaford	...	...	...	...	1

PRIVATE HOMES.

Beachways, Southport	...	...	...	...	...	18
Christ Church, Bournemouth	...	...	...	...	...	1
Kingstown, St. Annes	...	...	...	...	...	1
						<hr/> 35 <hr/>

3. Domiciliary Meals Service.

Persons suffering from illness or otherwise infirm continue to be able to receive a hot mid-day meal delivered to them in their home under the domiciliary meals service. Table 26 shows the scope of the service during 1961.

Table 26. Invalids' and Infirm Persons' Meal Service.				
Number of persons receiving meals on 1.1.61	Number of new recipients during year	Number of persons ceasing to have meals during year	Number of persons remaining at 31.12.61	Total Number of meals served during year
160	119	134	144	14,942

4. Night Attendant Service.

This service was continued during 1961 under the supervision of the Home Help Organiser. It is run on similar lines to the home help service and is designed to help relatives and friends of invalids who cannot be left on their own with safety.

During the year 41 cases were assisted and at the end of the year there were four night attendants employed.

5. Provision of Nursing Equipment and Apparatus.

General nursing equipment and apparatus are provided by the St. John Ambulance Association which has a well-stocked nursing equipment section available to everyone in the town.

This service has been supplemented directly by the Corporation in the provision of various items of equipment. Many elderly chronic sick patients are nursed at home by relatives with the help of the domiciliary nursing services. In certain cases, particularly where the patients are incontinent, the supply of linen available in the home has to be supplemented. In a few instances it has been

found necessary to loan a single bed, usually to facilitate the nursing of a patient in a ground-floor room. The following equipment was loaned during the year :—

Sheets	...	...	...	33
Draw sheets	...	...	...	80
Pillow slips	...	...	...	30
Night Gowns	...	...	...	8
Night Shirts	...	...	...	4
Towels	...	...	...	9
Pillows	...	...	...	4
Blankets...	...	...	...	9
Bedsteads	...	...	...	4
Mattresses	...	...	...	6
Rubber Sheets	...	...	...	1

6. Laundry Service.

A laundry service is provided from the laundry at the main Civic Hostel and has proved most efficient and helpful in the nursing care of patients.

Most families are able to make arrangements for laundering either in the home or through the ordinary commercial laundries, but the service is particularly useful for incontinent cases where there is insufficient help in the home or where facilities for washing and drying are lacking. It is also used for elderly arthritic and cardiac patients often living alone and though able to get up are otherwise incapable of little effort.

Laundry is collected and delivered thrice weekly as required and 23 cases were helped during 1961.

The service is a boon to efficient domiciliary nursing care.

7. Health Education.

During the month of February the vacant post of Health Education Officer was filled.

The work of this section has continued to expand and during the year a number of new ventures have been embarked upon.

In November, In-Service Training Courses were held at the Deepdale Social Centre and the Public Hall and attended by the field workers of the department, as well as invited representatives from other departments and organisations. The courses following the themes of "Progress in Health Education," "Parentcraft" and "The Care of the Aged" were conducted by lecturers from The Central Council for Health Education and attendances were 97, 73 and 65 respectively. The courses were instructive, provocative and served to equip those who attended for the united task of educating the public in the fundamentals of health by means of modern methods. Though somewhat of an innovation, the practical values of these courses were such as to warrant further arrangements being considered for future courses on this scale.

With supporting visual aids the Health Education Officer has lectured to a group of 7 schools on the subject of Head Hygiene. Some 1,000 scholars heard the talks and promised their co-operation with the lecturer in the advice given to maintain clean heads.

On matters of general health interest talks were given to such groups as The Rotary Club, Toc 'H', and a Business and Professional Women's Club, where films were also used to support the talks.

Displays in the clinic showcases and in the display window at No. 48 Lancaster Road were staged and included the following themes : "Their Teeth Really Matter," "Guard that Fire," "Coughs and Sneezes," "Polio Vaccination," "National Baby Week," "Household Pests," "Nutritional Values of Milk," "Attack your Insect Enemies," "Clean Food," "Don't Bottle up your Worries" (Personal Help Service), "National Help the Disabled Week," "Fire Prevention," "Foot Health," "Christmas Greetings" (A seasonal message from the department). Attracting the public eye to these displays has been enhanced by the erection of an illuminated sign over the window bearing the caption "Window on your Health."

Two original posters have been designed in support of The Personal Help Service and Head Hygiene programmes.

Routine mothercraft courses were arranged for ante-natal groups by the Supervisor of Midwives and various films, filmstrips and other visual media employed.

During the year the Health Education Officer attended a 10-day Summer School on "Education for Living," held under the auspices of The Central Council for Health Education the venue being the University College of North Wales, Bangor. He found it a valuable period of study.

8. Problem Families.

The number of families under discussion during the year was as follows :—

No. under monthly review at the beginning of the year	...	...	...	24
No. under periodic review at the beginning of the year	...	...	...	12
No. removed from the list during the year	...	...	...	12
No. referred for less frequent review	...	...	...	11
No. of new cases added	...	...	...	8
No. under monthly review at the end of the year	...	...	...	20

Families were removed from the list for various reasons—left the town ; no longer existing as a family ; conditions improved.

Of the families under discussion a number had arrears of rent and a number appeared before the Courts on different charges.

Rent arrears are a serious problem—there is a marked lack of responsibility on the part of some parents in relation to the rent and the keeping of a home together for the family. This does not apply only in the case of those families who come under the consideration of this Committee of course. In spite of the emphasis made by the Health Visitors on the importance of placing the rent foremost in the weekly budget, arrears still accumulate. Hire purchase commitments, T.V. rentals, tobacco and liquor still take prior claim. Out of those families under consideration 13 had arrears of rent of varying amounts and 6 were served with notices of eviction.

Court Appearances.

13 families appeared before the Courts on various charges.

- (i) In 3 cases parents were charged with neglect and were either fined or committed to prison.
- (ii) In 2 cases parents made more than one appearance before the court.
 - Case I—
 - (a) On a charge of neglect when they were on probation.
 - (b) For failing to send a child to school when a fine was imposed.
 - Case II—
 - (a) For neglect when both parents were committed to prison.
 - (b) In the case of the father who was convicted of illegal hire purchase transactions and meter theft and was committed to prison.
- (iii) In 3 cases both husband and wife were before the Courts on different charges.
 - (a) Wife charged with soliciting and fined.
 Husband (a) drunk and disorderly—committed to prison.
 (b) causing suffering to a horse—fined.
 - (b) Wife—charged with shoplifting and fined.
 Husband—drunk and disorderly—fined.
 - (c) Wife—meter theft—fined.
 Husband—stealing—given conditional discharge.
- (iv) In 1 case the mother was fined for meter theft.
- (v) In 1 case the father received 1 year's probation for stealing.
- (vi) In 1 case the father was fined for driving whilst under the influence of drink.
- (vii) In 1 case the father was fined for stealing.
- (viii) In 1 case a child member of the family received 12 months probation for stealing a bicycle.

Whilst it is appreciated that those families who come under the consideration of the Co-ordinating Committee are, in the main, the hard core, the facts given above present a grim picture. A considerable amount of time is spent with these families with little to show in results. It is obvious that much more time and concentration of effort should be given to this aspect of the work, but this cannot

be done, if at the same time, a proper measure of attention is to be given to other, equally important, aspects of the work of the Health Visiting Section.

Physically Handicapped.

During the year the Health Visitors paid 608 visits to physically handicapped persons. In addition to making arrangements to meet the needs of persons in their own homes in the way of domestic help and meals-on-wheels, help was given in the following ways :—

- (i) 12 patients were provided with tripod walking sticks.
- (ii) 1 patient was provided with a rubber mackintosh for her bed.
- (iii) 1 patient was provided with a walking stick.
- (iv) 1 patient was provided with two Helping Hand Reaching Tools.
- (v) 3 patients were provided with elastic shoe laces.

The display of aids for physically handicapped persons arranged by the Health Education Officer in the window at Lancaster Road caused many enquiries to be made as to where such aids could be borrowed/bought and some aids were loaned as a result of this display.

Persons requiring aids are usually found by the health visitor in the course of her visiting, or are referred by the Hospitals or the family doctor.

10. Cerebral Palsy.

Cerebral Palsy varies greatly in severity from one case to another, and many of the less afflicted cases are able to carry on their activity without help or supervision. Some of the more severe adult cases who are disabled and who may need help in various ways are registered in the welfare services section and many of the children affected are known through the school health service.

The cases known to the staff are recorded in the following table.

Table 27. No. of known cases of cerebral palsy and epilepsy.						
Ages	Cerebral palsy			Epilepsy		
	Males	Females	Total	Males	Females	Total
—5	3	2	5	—	—	—
5+	10	2	12	2	2	4
10+	12	7	19	6	10	16
15+	3	6	9	12	11	23
20+	12	6	18	8	9	17
30+	7	4	11	3	7	10
40+	2	2	4	1	8	9
50+	3	—	3	3	5	8
60+	—	1	1	2	2	4
70+	—	—	—	—	2	2
80+	—	1	1	—	—	—
Total ...	52	31	83	37	56	93

Voluntary registration of any condition depends for its success on the apparent benefit to be obtained by the persons invited to co-operate. In the case of children of school age and under, registration is fairly complete, for not only are the cases ascertained at routine clinical examinations, but diagnosis, supervision and care are all available through the orthopaedic and paediatric clinic facilities and the special cerebral palsy unit at the Open Air School at which eleven cases were in attendance at the end of the year. Since the orthopaedic and paediatric consultants hold clinics at the school and are regularly in consultation the care of these cases, medical, social and educational, is fully co-ordinated.

In the case of adults a small number of cases of the more severe type have been registered through the welfare services section. Occupational therapy in the home is provided for cases whose spatial movements are severely restricted and one man is doing handicrafts at home, whilst two weekly day sessions are held at the social centre for persons suffering from crippling defects. Four men and four women were attending at the close of the year.

Close co-operation exists with the Youth Employment Officer and the Disablement Rehabilitation Officers of the Ministry of Labour, both as to training for industry and placement. Twelve men are employed in open industry, two in sheltered employment and two undertake casual work on their own account. Five women are engaged in open industry, and one is undertaking work on her own account.

11. Epilepsy.

Epilepsy is another condition which varies considerably in severity from case to case. Records are kept in register form only of the more severe types in which some form of care or regular supervision is required. 93 cases were on the register at the end of the year.

Of the 20 children of school age affected, four are in special residential schools and four attend the Open Air School. Four also suffer from mental illness of such a degree as to bring them within the Mental Health Act.

Amongst the adult population epilepsy comes to notice as a rule only when assistance is sought to overcome some social need. There is difficulty from time to time in getting residential accommodation as a matter of urgency though eventually cases have all been placed.

Four men are in epileptic colonies, and eight men also suffering from mental illness are in psychiatric units. Six women are in colonies and four in psychiatric units.

Contact is maintained with the Youth Employment Officer in respect of juvenile epileptics and advice given on the most suitable forms of employment.

Seven men and eight women are employed in open industry. One man is employed in a sheltered workshop and two women do casual work. One man and four women attend the social centre for handicraft training.

Visitation, where it is not declined, is undertaken regularly by the district health visitor.

VII. Domestic Help Service.

This service is supervised by a domestic help organiser and the staff consists of 88 part-time home helps. The aim of the service is to give help in the home where circumstances make it difficult or impossible for the family to carry on without assistance. Priority is given to maternity cases, elderly infirm and chronic sick, and cases of sudden incapacitating illness in the home.

Each month, on the average, 649 cases were assisted in this way. The amount of time given to each case varies from three to eight hours a day.

The provision offered by the domestic help service, with that of the night attendant service and the meals and laundry services, helps materially towards keeping the infirm at home and leaving beds in hospitals and institutions free for other more needy cases.

Each application for aid is investigated, an assessment of time required is made, the degree of priority determined and the charge to be paid fixed. The charge is at present 3s. 0d. per hour and reduced payments in accordance with a prescribed scale may be sought.

Wherever possible, home helps are used to undertake cases best suited to their own ability and temperament.

Table 28. Domestic Help Service.				
1961	Existing	New	Terminated	No. being assisted at the end of the month
January	620	36	42	614
February	614	25	16	623
March	623	34	32	625
April	625	24	24	625
May	625	21	16	630
June	630	36	23	643
July	643	16	3	656
August	656	32	21	667
September	667	17	10	674
October	674	26	24	676
November	676	15	17	674
December	674	22	14	682

VIII. DOMICILIARY, MEDICAL, PHARMACEUTICAL, DENTAL AND OPHTHALMIC SERVICES.

I am indebted to Mr. Webster, Clerk to the Preston Executive Council, for the following statement on the medical, pharmaceutical, dental and ophthalmic services administered by the Preston Executive Council :—

General Medical Services.

The number of patients registered on doctors' lists at 1st April, 1962, was 117,401. Medical Services were provided by 74 practitioners, 59 of whom were resident in the Borough, and 69 of whom were also included in the Council's Obstetric List for the provision of Maternity Medical Services.

Description of Maternity Medical Services Provided.

Number of Patients receiving complete services	...	...	328
Number of Patients receiving ante natal services only	...	...	16
Number of Patients receiving post natal services only	...	...	8
Number of cases in which doctor attended confinement	...	...	157

The total gross payment for General Medical Services for the year was £188,026 16s. 2d. including £7,143 9s. 11d. for Maternity Medical Services.

Pharmaceutical Services.

On the 1st April, 1962, there were 47 chemists' establishments on the Council's Pharmaceutical List for the supply of medicines and appliances, and 13 contractors for the supply of appliances only. The Council's Rota Service Scheme providing for establishments in different parts of the town to be open for one hour each evening after the normal hour of closing, and one hour each Sunday, Local and Bank Holiday, continued to operate satisfactorily throughout the year.

During the year 29 test prescriptions were taken, 28 of which were satisfactorily dispensed.

Payments made by the Council for the supply of medicines and appliances amounted to £215,328 17s. 2d. including £868 1s. 0d. for Rota Services.

Charges paid by patients towards this part of the Service amounted to £66,345 15s. 8d. 682,211 prescriptions were dispensed by Chemists during the year.

General Dental Services.

At 1st April, 1962, there were 35 Dental Practitioners on the Council's Dental List. The total cost to the Council for the supply of dental appliances, extractions and conservative treatment was £153,929 16s. 1d. The charges paid by patients towards such treatment amounted to £38,229 9s. 2d.

Supplementary Ophthalmic Services.

At the 1st April, 1962, there were 2 Ophthalmic Medical Practitioners ; 21 firms of Ophthalmic Opticians and 2 firms of Dispensing Opticians on the Council's Ophthalmic List. 22,877 applications for glasses were received during the year, as compared with 24,639 the previous year. Of the number of sight tests provided, 18,288 cases were supplied with glasses under the National Health Service. Applications for replacement or repair of glasses totalled 938, of which 708 were approved.

The total cost to the Council for this branch of the Service was :—

	£	s.	d.	£	s.	d.
Sight Test				18,735	17	0
Supply and Repair of Glasses...	46,075	12	6			
Less Paid by Patient	26,555	16	0	19,519	16	6
	<hr/>			<hr/>		
				£38,255	13	6
				<hr/>		

IX. PATHOLOGICAL AND LABORATORY SERVICE.

There has been close co-operation with the Group Laboratory and the Public Health Laboratory in the investigation into outbreaks of infectious disease and general epidemiological problems. A record of the work done on behalf of the department is given in the table below :—

<i>Number of Specimens examined</i>			<i>Group Laboratory</i>	<i>Public Health Laboratory</i>	<i>V.D. Department</i>
Bacteriology	...	...	85	544	—
Chemistry	...	...	5	—	—
Inoculations	...	...	—	—	—
Serology	...	...	—	—	204
Haematology	...	...	1,837	—	—
Total ...			<hr/> 1,927 <hr/>	<hr/> 544 <hr/>	<hr/> 204 <hr/>

Mental Health

This year has been the first complete 12 months during which persons suffering from mental disorder have been subject to the provisions of the Mental Health Act, 1959.

1. Administration.

At the Junior Training Centre, "The Elms," a trainee assistant supervisor successfully completed the course of training for the Diploma for Teachers of the Mentally Handicapped; this course was held in London by the National Association for Mental Health.

Miss Rowlands terminated her engagement as assistant supervisor on the 21st September, 1961, and Miss Dawson was appointed as assistant supervisor on the 22nd September, 1961.

A Mental Welfare Officer resigned her appointment in June, 1961, and Mrs. Chapman was appointed to fill the vacancy, commencing duty on the 10th July, 1961. A clerk/typist was appointed to the section on the 29th August, 1961.

The Mental Health staff attended frequently the out-patient Clinics held at Sharoe Green Hospital for case conferences and discussions with the Consultant Psychiatrist, also weekly visits were made to Whittingham Hospital for consultation with the Responsible Medical Officer concerned in the discharge of both male and female patients from hospital as to after-care required in each individual case.

In September, 1961, two student Health Visitors spent two days with the Mental Welfare Officers for practical experience in the community of problems relating to mental disorder.

The Mental Welfare Officers attended a two-day course arranged by the Health Authority in co-operation with the Central Council for Health Education on the 7th and 8th September, 1961, the subjects being "Progress in Health Education" and "Parentcraft."

Mrs. Chapman attended a two-week introductory course for Mental Welfare Officers held at High Leigh Conference Centre, Hertfordshire, arranged by the National Association for Mental Health, from 26th November, 1961 to 8th December, 1961.

In the early summer of this year work was commenced on the building of the Adult Training Centre for males on a site adjacent to the Social Centre and Workshop for the Physically Handicapped and Blind on Deepdale Road.

2. Account of Work Undertaken in the Community.

Mental Health Act, 1959.

Number of persons admitted to hospital between 1st January, 1961 and 31st December, 1961 :—

					<i>Males</i>	<i>Females</i>
Section 5 (Informal)	...	...	...	...	87	111
Section 25 (Observation)		...	...	...	49	76
Section 26 (Treatment)	...	...	...	...	4	7
Section 29 (Emergency)	...	...	...	...	4	1
Section 60 (Court Order)	...	...	...	...	1	—
					<hr/> 145 <hr/>	<hr/> 195 <hr/>

Of the 125 cases admitted to hospital under Sections 25, 29, ten males and seven females were subsequently detained under Section 26 (Treatment) ; also 22 males and 41 females remained in hospital as Informal Patients, Section 5.

At the request of the Medical Superintendents of Psychiatric Hospitals, 85 visits were made and reports given on home conditions and family histories.

During the year 52 males and 78 females discharged from hospital were supervised by the Mental Health staff by arrangements with the general practitioners and the patients ; also 146 males and 186 females were visited at the request of the consultant psychiatrist or the general practitioners or from other sources, 2,311 visits being made for this purpose. Altogether 924 office interviews took place with patients and relatives in connection with mental illness.

Personal Help Service.

With the idea of trying to reach and help those with mental illness at an early stage, the Personal Help Service was continued during the year in conjunction with the Consultant Psychiatrist.

Anyone with worries or troubles is invited to come along to Saul Street on Thursday afternoon and discuss them with one of the Mental Welfare Officers.

Publicity in the form of posters and leaflets is used to bring the service to the notice of the public.

During the year 20 interviews have taken place. The disposal of the cases seen was as follows :—

Advice given at interview	...	...	...	...	...	6
Referred to General Practitioners	...	...	...	...	...	11
„ „ Public Health Section	...	...	...	...	...	1
„ „ Housing Department	...	...	...	...	...	1
„ „ Citizens' Advice Bureau	...	...	...	...	...	1
						<hr/> 20 <hr/>

Of those referred to their general practitioner six were ultimately seen at the Psychiatric Clinic.

Attendance at Social Centre by Mentally Disordered Patients.

The session at the Social Centre, Deepdale Road, continues to be held each Friday afternoon for this type of patient.

Occupational Therapy, games, dancing and music are available and the patients encouraged to take an active part in these activities. Patients also attend concerts held frequently during the winter months at the Social Centre.

An Occupational Therapist and members of the Mental Health staff attend the Social Centre on Friday afternoons. Transport is provided to and from the Centre in some cases.

During the year 56 patients have attended the Centre with an average attendance of 20 patients per session.

From the 18th August, 1961, female patients in the Psychiatric Unit, Sharoe Green Hospital, who are residents of Preston, attended the Social Centre accompanied by a nurse. This was arranged after discussion with the Consultant Psychiatrist, as a method by which suitable patients would have social rehabilitation prior to discharge from hospital. An average of 11 patients attended regularly.

Patients who have eventually been discharged from hospital have been encouraged to continue attending the Social Centre.

This service has proved a great help to encourage patients to meet people and share, in pleasant surroundings, the company of others, and the Consultant Psychiatrist recommends patients to attend.

Subnormal & Severely Subnormal Persons.

During the year new cases to the number of 7 males and 7 females were reported, and two adult males were admitted to the Guardianship of the Local Health Authority under Section 33 of the Mental Health Act, 1959, on discharge from hospital.

The number of subnormal and severely subnormal persons on the authority's register at the end of 1961 was 531, as follows :—

					<i>Males</i>	<i>Females</i>
Care of the Local Authority	...	...			176	163
Guardianship	...	...	...	...	3	—
In Hospitals	...	...	...	...	112	77
					<hr/> 291	<hr/> 240

Domiciliary Care of Subnormal and Severely Subnormal Persons.

During the year 762 home visits were made by the Mental Health staff and 319 office interviews took place in relation to subnormal and severely subnormal persons, whilst 43 investigations regarding home and social conditions were made and reports submitted to the Medical Superintendents of Psychiatric Hospitals for such cases.

Temporary hospital care was arranged for 20 subnormal and severely subnormal persons, to enable their parents to have a holiday or on account of sickness in the family.

Also 10 males and 8 females were admitted to hospital, as follows :—

					<i>Males</i>	<i>Females</i>
Section 5 (Informal)	...	...	...		7	6
Section 25 (Observation)	...	...	...		1	1
Section 26 (Treatment)	...	...	...		2	1
					<hr/> 10	<hr/> 8

Creche for Mentally Disordered Children.

The Creche at 2 North Road continues to provide a welcome rest on two afternoons per week for mothers of mentally subnormal children who are unsuitable for the Training Centre.

The Creche is open on Tuesday and Thursday afternoons each week between the hours of 1.30 p.m. and 4.30 p.m., transport being provided to and from home by the ambulance service. An average of nine children have attended per session.

Members of the Preston Branch of the National Society for Mentally Handicapped children staff the Creche voluntarily. The Mental Health staff visit the Creche regularly, and, in consultation with the honorary secretary of the Society, decide on the suitability of the children for admission.

The arrangement by which suitable children known to the Society from the No. 4 Health Division of the Lancashire County Council could attend was continued and two such children are attending at present.

The parents of the children have expressed their appreciation of the services provided and of the benefit they derive from having two free afternoons per week.

Youth Club.

The Youth Club for mentally handicapped children continued throughout the year, each Friday between the hours of 7.0 p.m. and 9.0 p.m. at the Social Centre, Deepdale Road.

The premises are provided by this authority and the Preston Branch of the National Society for Mentally Handicapped Children provide the equipment and staff. Games, dancing, woodwork and the painting of articles made is provided for, and part of the grounds of the Social Centre provides gardening activities. A party night or concert is arranged once per month during the winter.

There are 62 members on the Register and the average attendance is 40 per session.

A member of the Mental Health staff attends the Youth Club to give advice when necessary.

Junior Training Centre.

Two students from the Manchester course of training for Training Centre staff organised by the National Association for Mental Health have attended the Centre for practical training.

A party of sixth form pupils from Preston Park School attended the Centre on Friday, 10th February, 1961, for observation of work done in a Training Centre.

The tutor and 17 students from Preston Borough Nurseries visited the Centre on Tuesday, 2nd May, 1961. A further group of 11 students also visited the Centre on Thursday, 30th November, 1961.

Five trainee Hospital Welfare Officers attended the Centre on Thursday, 6th July, 1961.

A mixed party of 23 girls and boys, accompanied by 3 staff, enjoyed a week's holiday at the National Association for Mental Health's Holiday Home at Rhyl from 1st to 8th June, 1961. Transport was provided by the local authority and financial assistance was given in deserving cases.

A large number of parents, relatives and friends attended the "Open Night" held on Wednesday, 8th November, 1961. A display of Music & Movement was given by the junior pupils and coloured slides of the Rhyl holiday were shown.

An average of 10 senior boys attended Saul Street Baths during the summer months for swimming instruction.

The annual Christmas party was held on Thursday, 21st December, 1961, and was attended by the Mayor and Mayoress and members of the Health Committee. A film show was given by Mr. Jehan, Road Safety Officer, and gifts were distributed by "Father Christmas."

Table 29 sets out the number of pupils under instruction at The Centre during the year.

Table 29. Pupils in attendance at the Training Centre during 1961.									
	Number of cases under instruction on 1.1.61		Number of new cases admitted during the year		Number Discharged		Number on Register on 31.12.1961		
	Under 16 yrs.	Over 16 yrs.	Under 16 yrs.	Over 16 yrs.	Under 16 yrs.	Over 16 yrs.	Under 16 yrs.	Over 16 yrs.	
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	
County Borough	11 11	7 6	4 1	— —	— 2	1 2	15 8	6 6	
County Council	5 7	3 4	1 2	— —	2 1	1 1	4 7	2 4	
	16 18	10 10	5 3	— —	2 3	2 3	19 15	8 10	

Prevalence and Control of Infectious Disease

The outstanding feature of infectious disease in Preston during 1961 was the severe epidemic of influenza which occurred during January and February, due to Influenza A2 virus and which was widespread throughout the country.

Pulmonary tuberculosis showed a disappointing rise of ten cases to a total of 49 compared with the record low figure of 39 for 1960, but was about the average for the preceding three years.

There were five cases of poliomyelitis, the first for three years, but 1961 was a year of relatively high incidence of the disease, there being several fairly severe local epidemics, notably in Liverpool and Hull. There were very marked declines in the incidence of scarlet fever, whooping cough, dysentery and infective hepatitis compared with 1960.

There was no case of diphtheria, the last having occurred in 1951.

More detailed information about various individual diseases and the preventive measure taken, including immunisation appear in the subsequent pages.

Table 30 gives the annual notifications over the past ten years.

Table 30
Number of notifications grouped according to year and disease.

DISEASE	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Smallpox	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	407	516	156	152	170	59	236	319	101	54
Measles	1757	302	1531	759	1220	1142	828	1503	777	802
Whooping Cough	329	246	245	17	274	106	7	18	118	23
Pneumonia (Primary and Influenzal)	57	46	65	53	50	64	50	92	52	56
Acute Encephalitis	1	—	—	—	1	—	—	4	—	1
Acute Poliomyelitis	2	35	1	11	4	3	16	—	—	4
Meningococcal infection	6	—	—	1	1	8	3	1	5	1
Typhoid Fever... ..	1	1	—	1	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	1	2	—	—	1	—	—
Dysentery	86	258	376	189	351	79	71	336	651	131
Food Poisoning	31	353	48	51	36	24	21	31	51	13
Erysipelas	5	17	13	7	10	6	3	7	7	6
Tuberculosis, Pulmonary	114	100	72	61	60	49	43	48	39	49
Tuberculosis, Non-Pulmonary	20	30	21	13	10	11	8	3	4	7
Puerperal Pyrexia	8	33	38	43	50	39	39	32	44	37
Ophthalmia Neonatorum	—	3	2	5	5	8	4	8	4	2
Malaria	—	—	—	1	—	—	—	—	2	—
Infective Hepatitis	—	—	—	—	22*	18	59	262	168	58

* From 17.9.56 when the disease was made notifiable.

Table 31 gives the cases notified during the present year arranged according to disease and age at notification.

Table 31.

**Notifiable Infectious Diseases (excluding Tuberculosis)
occurring during the year, showing age grouping, degree of
hospitalisation and mortality.**

DISEASE	CASES NOTIFIED													TOTAL	Cases admitted to hospital	DEATHS
	Under 1	1—	2—	3—	4—	5—	10—	15—	25—	35—	45—	65 and over	Age unknown			
Scarlet Fever	—	1	4	5	8	29	7	—	—	—	—	—	—	54	8	—
Measles	22	103	103	112	128	292	28	2	2	—	—	—	10	802	3	—
Whooping Cough	5	2	3	2	2	6	3	—	—	—	—	—	—	23	2	—
Acute Pneumonia (Primary and Influenzal)	2	1	—	1	1	5	—	1	5	8	18	11	3	56	12	63
Puerperal Pyrexia	—	—	—	—	—	—	—	12	18	7	—	—	—	37	34	—
Erysipelas	—	—	—	—	—	—	—	—	—	1	3	—	2	6	—	—
Dysentery	7	11	9	4	12	18	11	9	11	11	11	7	10	131	2	—
Acute Encephalitis	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	—
Meningococcal infection	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	—
Acute Anterior Poliomyelitis and Polioencephalitis	—	1	—	—	—	—	2	1	—	—	—	—	—	4	4	—
Ophthalmia Neonatorum	2	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—
Food Poisoning	1	—	—	—	—	1	—	2	1	1	4	1	2	13	1	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective Hepatitis	1	2	1	—	1	16	10	5	9	5	—	2	6	58	1	—
	40	122	120	124	152	368	61	32	46	33	36	21	33	1188	70	63

Smallpox.

No case of smallpox occurred in either the town or port. Vaccination is not offered as a direct service to the public by the staff of the Health Department but is carried out by general practitioners and rather less than one-third of infants are vaccinated during the first year of life.

Table 32.
Vaccination against Smallpox.

	Under 1 Year.	1—4 Years.	5—14 Years	15 years or over.	Total
Number vaccinated ...	590	83	22	12	707
Number re-vaccinated ...	—	—	3	3	6
Total ...	590	83	25	15	713

Diphtheria.

No case of diphtheria has occurred in Preston since 1951. The extent of immunisation is shown in Tables 33 and 34.

Table 33.
Number of children receiving a full primary course of diphtheria immunisation

	Annual Births	YEAR OF BIRTH															
		1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	Total
		2574	2219	2170	2101	1962	1960	1914	1823	1832	1843	1933	1864	1964	2023	2037	
YEAR DIPHThERIA IMMUNISATION COMPLETED	1948	1284	141														1425
	1949	259	1130	131													1520
	1950	77	120	885	83												1165
	1951	30	39	189	893	116											1267
	1952	85	50	72	168	834	99										1308
	1953	152	27	30	57	150	692	122									1230
	1954	33	166	95	64	86	225	929	178								1776
	1955	9	13	123	84	40	77	179	824	199							1548
	1956	6	7	20	118	83	40	53	116	818	211						1472
	1957	6	4	6	13	71	57	27	45	113	796	195					1333
1958	92	5	3	8	14	110	101	58	79	139	900	199				1708	
1959	12	97	3	8	5	18	79	87	28	48	121	688	192			1386	
1960	1	30	103	7	7	16	23	108	62	40	56	186	877	228		1744	
1961	1	6	23	109	8	11	22	24	102	77	58	94	229	979	186	1929	
Total	2047	1835	1683	1612	1414	1345	1535	1440	1401	1311	1330	1167	1298	1207	186	20811	

Table 34.
DIPHTHERIA IMMUNISATION INDEX
31st December, 1961.

Age on 31.12.61 (i.e., born in year)	Under 1 1961	1—4 1957-1960	5—9 1952-1956	10—14 1947-1951	Under 15 Total
A. Number of children whose last course was completed in the period 1957-61.	190	4,780	5,712	5,374	16,056
B. Number of children whose last course was completed in the period 1956 or earlier.	—	—	1,817	4,499	6,316
C. Estimated mid-year child population.	2,000	7,000	16,700		25,700
Immunity Index 100 A/C.	9.50	68.28	65.81		62.05

Tetanus.

As mentioned in the previous paragraph active immunisation against tetanus was started during 1961 and by the end of the year 918 pre-school children and 494 children of school age had received a full primary course of three injections against tetanus, see Table 35, page 68. All the tetanus reinforcement injections listed in part 2 of Table 35 refer to children who received Triple Antigen in infancy from their family doctors.

Table 35
Tetanus Immunisation

	Year of Birth														School	Pre-school
	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	
Children who received primary tetanus immunisation 1961 ...	1	—	5	252	7	2	7	6	38	182	19	40	80	590	183	918
Children who received Tetanus Reinforcement injections 1961 ...	—	1	2	5	1	—	2	2	9	32	6	—	1	2	—	11

Measles.

As mentioned in the Report for 1960 the incidence of measles became high in the latter part of the year, this high incidence continued into 1961, there being 672 notifications during the first quarter ; there was a marked fall during the second quarter to 109 and thereafter notifications were negligible. The disease continued mild, only 3 requiring admission to hospital and no deaths were notified as due to the disease. Well over 90% of the cases occurred in children of less than ten years of age.

Whooping Cough.

As was forecast in last year's report the minor epidemic of whooping cough occurring in that year had expended itself and did not recur in 1961 when only 23 cases were notified of whom three only occurred in immunised children. It has been the custom here for some years past to take naso-pharyngeal swabs of notified cases and during 1960 about one-seventh of the 118 cases yielded a positive finding. In 1961 only three members of one family whose illness occurred in the first few weeks of the year gave positive results. It is well known that pharyngo-laryngeal disease clinically simulating whooping cough can result from organisms other than that of pertussis and it would seem not unlikely that the sporadic cases coming to notice now are due to organisms other than pertussis which has not been recovered from naso-pharyngeal swabs since the three cases mentioned above. Judged by the weekly notification figures the whole of Lancashire has been significantly free from whooping cough during most of 1961.

Immunisation was pursued with increasing vigour in 1961 and 1,783 children received primary immunisation against whooping cough, the highest number recorded in one year since immunisation was adopted in 1953. Tables 36 and 37 set out the immunisation state at the end of 1961 and the amount of immunisation done in the past fifteen years.

Table 36.
WHOOPIING COUGH IMMUNISATION INDEX
31st December, 1961.

Age on 31.12.61 (i.e., born in year)	Under 1 1961	1—4 1957-1960	5—9 1952-1956	10—14 1947-1951	Under 15 Total
A. Number of children whose last course was completed in the period 1957-61.	190	4,724	5,218	391	10,523
B. Number of children whose last course was completed in the period 1956 or earlier.	—	—	1,654	1,425	3,079
C. Estimated mid-year child population.	2,000	7,000	16,700		25,700
Immunity Index 100 A/C.	9.50	67.49	33.59		40.95

Table 37.
Whooping Cough Immunisation.

Number of Children receiving a full primary course of immunisation.

YEAR WHOOPING COUGH IMMUNISATION COMPLETED	YEAR OF BIRTH															
	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	Total
Annual Births	2574	2219	2170	2101	1962	1960	1914	1823	1832	1843	1933	1864	1964	2023	2037	
1947	10															10
1948	46	4														50
1949	76	66	13													155
1950	16	27	54	15												112
1951	3	21	53	87	22											186
1952	8	8	17	62	101	45										241
1953	11	32	66	121	193	750	131									1304
1954	11	28	33	48	85	172	813	173								1363
1955	1	7	61	32	31	47	126	773	187							1265
1956	—	8	29	69	52	42	53	112	807	210						1382
1957		1	3	11	43	40	22	44	110	782	192					1248
1958	1	1	—	6	17	72	88	56	74	136	890	200				1541
1959		2	—	8	4	10	82	78	25	45	119	685	192			1250
1960			2	3	3	13	22	101	59	39	51	186	871	228		1578
1961	1	1	1	6	9	10	21	22	97	76	57	93	227	976	186	1783
Total	184	206	332	468	560	1201	1358	1359	1359	1288	1309	1164	1290	1204	186	13468

Whooping Cough Notifications, subdivided into quarter years

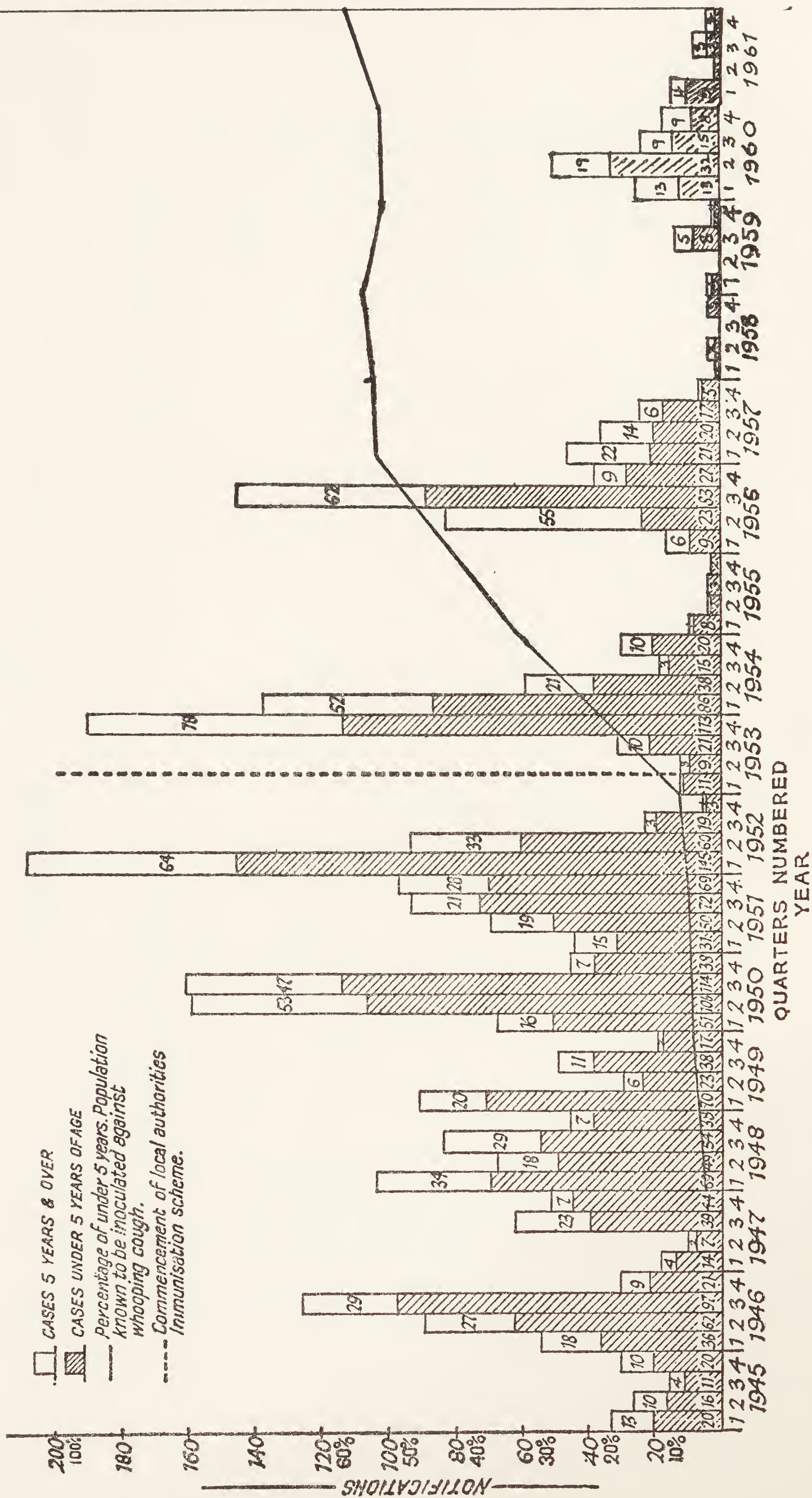


Table 38.
Whooping Cough — Re-Inforcement Injections

Year of Injection	YEAR OF BIRTH														Total
	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	
1955	2	5	85	131	1	—	—	—	—	—	—	—	—	—	224
1956	2	3	10	132	159	9	1	—	—	—	—	—	—	—	316
1957	3	2	3	9	150	318	6	3	—	—	—	—	—	—	494
1958	5	2	2	11	16	408	465	5	2	—	—	—	—	—	916
1959	2	6	6	11	16	30	347	382	4	3	—	—	—	—	807
1960	1	2	21	9	8	17	40	376	403	10	1	1	—	—	889
1961	—	1	5	10	6	4	11	29	361	396	11	—	3	2	839

Table 39.
Whooping Cough Incidence in Association with Immunisation.

Year	0—4 Years						5+ Years	
	Popula- tion	No. Immu- nised	Total Cases				Total Cases	
			Unim- munised	Group Attack Rate per 100	Immu- nised	Group Attack Rate per 100	Unim- munised	Immu- nised
1953	9,400	1,730	148	1.9	3	0.17	95	0
1954	9,200	2,818	153	2.4	7	0.25	85	0
1955	8,900	3,649	10	0.2	5	0.14	2	0
1956	8,800	4,441	126	2.9	16	0.36	124	8
1957	8,700	4,535	55	1.3	8	0.17	38	5
1958	8,700	4,679	3	0.07	2	0.04	2	0
1959	8,700	4,373	9	0.21	2	0.04	6	1
1960	8,900	4,492	59	1.34	9	0.20	37	13
1961	9,000	4,914	11	0.27	3	0.06	9	0

Poliomyelitis.

No death occurred from this disease during 1961. Four cases of poliomyelitis were notified during the year, the first cases since 1958. Two cases were paralytic and two were non-paralytic. In addition a case notified as acute infective encephalitis in October, 1961, in a boy of 8 years 10 months was months later presumed to have been due to poliovirus through a report received from the Public Health Laboratory intimating the isolation of poliovirus Type 1 from his faeces taken at the time of the acute illness. A report from the school medical officer on this boy's condition in January, 1962, indicated no residual abnormality apart from bedwetting which may well be due to other causes as he comes from a broken home. This boy had not been vaccinated against poliomyelitis.

Paralytic Cases.

I. Notified 25th September, 1961, in a boy of 14 years 10 months. Diagnosed clinically as poliomyelitis, left lower limb chiefly involved. Poliovirus Type 1 isolated from faeces in October. He has been left with some permanent paresis of his left lower limb, slight weakness and wasting of the thigh and calf being noted by the school medical officer in May, 1962. This boy had received three injections of "Salk" vaccine, on 9th August, 1958, 6th September, 1958 and 14th January, 1960.

II. Notified 28th October, 1961, in a male Indian infant of 1 year 1 month old. Clinically diagnosed as poliomyelitis with severe paralysis of lower limbs. Came from a poor, very overcrowded home, house of six rooms occupied by five separate families. The child's family consisting of father and mother and a total of four children lived in one room.

On 2nd November, 1961, Poliovirus Type 1 was isolated from this infant's faeces,

On 21st November, 1961, the child was transferred to Sharoe Green Hospital in the care of Mr. Covell, Orthopaedic Surgeon.

On 4th December, 1961, the whole family removed to an address in London taking this infant with them, still with considerable residual paralysis of his lower limbs and requiring regular physiotherapy. Appropriate information was sent to the local medical officer and the London hospital so that the necessary treatment and examinations could be arranged. The child had received one injection only of "Salk" vaccine, on 3rd August, 1961.

Non-Paralytic Cases.

I. Schoolgirl, aged 11 years, admitted to Preston Royal Infirmary on the 26th October, 1961, with a fractured os calcis, was discharged to Longsands Convalescent Hospital on 28th October, 1961, re-admitted to orthopaedic ward, Preston Royal Infirmary, on 3rd November, 1961, with pyrexia, toxaemia, pains in back ; transient signs of meningeal irritation on 5th November. A lumbar puncture was performed on 3rd November, which showed a normal fluid, at no time was there any pain or weakness in her limbs. She made an uneventful recovery with no after effects, was discharged home on 12th November and went back to school on 20th November, 1961. Poliovirus Type 3 was isolated from the specimen of cerebrospinal fluid. She had been vaccinated with "Salk" vaccine on 1st August, 1957, 25th October, 1957, 2nd July, 1959 and 31st May, 1961. The rest of her family and schoolfellows remained well before and after her illness.

II. A young woman aged 21 years was given her first injection of "Salk" vaccine by her own doctor on 31st October, 1961 ; she had an immediate reaction with collapse followed by vomiting from which she quickly recovered. The next day she was somnolent and lethargic and this persisted until 4th November, 1961, when she was admitted to Deepdale Hospital. In hospital she complained of slight headache, no pains in back or limbs and no neck rigidity. A lumbar puncture on admission showed a normal cerebrospinal fluid. She made a rapid uneventful recovery and was discharged home on 11th November. A Poliovirus was isolated from the cerebrospinal fluid identified as Type 3. Her family remained well before and after her illness.

Poliovirus antibody titration tests made at the Virus Reference Laboratory, London, on samples of her blood taken on the 22nd and 44th days from the onset of her illness gave equivocal results, the report stating "From these titres it is not possible to make a diagnosis."

Poliomyelitis Vaccination.

Vaccination against poliomyelitis with injected "Salk" vaccine was pursued with increasing vigour throughout 1961 with the results shown in Tables 40, 41. Table 41 shows that an estimated 90.12% of the child population aged from 6 months to 15 years had received at least 2 injections of Salk vaccine compared with 84.12% at the end of 1960.

Table 42 shows that by the end of 1961 a total of 36,930 persons of all ages had received three injections compared with 33,020 at the end of 1960, in spite of a shortage of vaccine towards the end of the year.

During May and June a concentrated campaign was waged in the schools to administer fourth injections to all children aged from five to eleven years inclusive, who had previously received three injections, the third not less than one year previously.

During these two months a total of 6,801 fourth injections were given and by the beginning of November when fourth injections were stopped because of shortage of vaccine a total of 8,464 had been given. The paramount need now seems to be for persons aged from 29 to 39 years, inclusive, to come forward for oral vaccination in far greater numbers than hitherto, only 21.64% of this age group having received at least two doses by the end of 1961. It is too late once the disease has struck.

Prevention is now painless, effective and safe, and could hardly be easier for the recipient, consisting as it does of consuming three treated sugar lumps at intervals of four to eight weeks. An "open" poliomyelitis vaccination session is held every Thursday afternoon at Saul Street clinic from 1.30 to 4.30 p.m., no prior appointment being needed for new cases, and far more people than have up to now done so could readily avail themselves of the opportunity. This is quite obvious from the rush which is always experienced whenever there is an outbreak of poliomyelitis elsewhere in the country, e.g. in Hull and Liverpool in 1961.

Table 40. POLIOMYELITIS VACCINATION Number in the different groups who have received two injections, in year.					
Year of Completion of Vaccination	1947—1961	1933—1946	Born before 1933 but under 40 years	Other Special Classes	TOTAL
1956	347	—	—	—	347
1957	2,339	6	—	—	2,345
1958	6,120	5,566	—	823	12,509
1959	8,956	9,715	—	969	19,100
1960	1,614	600	2,443	559	5,216
1961	3,005	1,305	2,419	612	7,341
TOTAL	22,381	16,652	4,862	2,963	46,858

Table 41.
POLIOMYELITIS VACCINATION
Children given two injections — numbers according to years of birth.

		YEAR OF BIRTH													Total up to 15 yrs. of age		
		1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959		1960	1961
Year of Completion of Vaccination	1956	29	25	37	43	65	66	49	33	—	—	—	—	—	—	—	347
	1957	432	341	361	303	198	186	200	172	145	1	—	—	—	—	—	2,339
	1958	392	401	388	405	424	468	475	528	687	881	882	189	—	—	—	6,120
	1959	1127	926	846	839	793	734	717	497	360	401	494	1019	203	—	—	8,956
	1960	4	5	18	14	16	18	20	38	42	57	64	140	953	225	—	1,614
	1961	25	25	53	62	65	83	79	141	137	139	119	172	346	1177	382	3005
Total No. Vaccinated		2009	1723	1703	1666	1561	1555	1540	1409	1371	1479	1559	1520	1502	1402	382	22,381
Estimated Population		2163	1894	1853	1794	1675	1675	1635	1488	1558	1576	1651	1593	1677	1729	873	24,834
Percentage of Population Vaccinated		92.88	93.61	91.91	92.87	93.19	92.84	94.19	94.69	87.99	93.85	94.43	95.42	89.57	81.09	43.76	90.12

* Estimated population of children over 6 months of age.

Table 42.
POLIOMYELITIS VACCINATION
Third Injections

Year of Completion of Vaccination	Born before 1933 but under 40 years old	Born 1933 to 1942	Other Special Groups	YEAR OF BIRTH																Total		
				1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958		1959	1960
1958	—	1	8	—	—	8	2	25	23	33	42	53	46	36	33	5	4	—	—	—	319	
1959	—	3474	802	614	757	769	878	1005	952	908	912	827	863	851	812	877	919	941	427	—	17,588	
1960	868	4366	933	481	529	580	800	845	636	608	565	524	477	464	326	246	273	330	749	513	—	15,113
1961	1512	436	271	25	15	4	9	15	25	25	48	32	41	49	52	52	72	66	102	605	454	3,910
Total	2380	8277	2014	1120	1301	1361	1689	1890	1636	1574	1567	1436	1427	1400	1223	1180	1268	1337	1278	1118	454	36,930

Table 43.
POLIOMYELITIS VACCINATION
Fourth Injections
 (Commenced 6.4.61)

Year of Completion of Vaccination	1915 to 1925	1925 to 1940	Others	1943	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	Total
1961	12	7	3	1	1	7	7	6	909	1321	1248	1210	1190	1007	909	601	15	8	1	1	8,464
Total ...	12	7	3	1	1	7	7	6	909	1321	1248	1210	1190	1007	909	601	15	8	1	1	8,464

Meningococcal Infection.

During 1961 only one case was reported in a one-year-old male child who was admitted to Deepdale Hospital and made a good recovery.

Dysentery.

There were relatively few cases of dysentery notified during 1961, 131 compared with 651 in 1960, nearly half of the notified cases, 63, occurred in the first quarter. No doubt the 1961 figures represent a "trough" in the rise and fall of *sonné* dysentery which appears to occur in epidemic waves in different parts of the country from time to time.

It is almost always a relatively mild disease even in the very young, only two cases being admitted to hospital throughout the year and deaths ascribed to it are very rare, nil during 1961, it has however a considerable nuisance value when it occurs in a household containing food handlers. Of the 131 cases notified only 17 gave positive bacteriological findings—all *Shigella sonnei*. No case occurred in the Borough Day Nurseries in 1961 compared with 68 in 1960.

Enteric Fever.

No cases of enteric fever was reported throughout the year.

Food Poisoning.

Thirteen cases were notified in the town during 1961, only two were confirmed bacteriologically, both due to *Salmonella typhimurium* phage type 4, there was no connection between the cases and the source of infection was not ascertained in either case.

A symptomless excretor of *Salmonella thompson* phage type 4 was discovered during the routine investigation of a case of suspected dysentery in another member of the household whose faeces were bacteriologically negative. The person concerned was a food handler and it took some five weeks before she could be cleared bacteriologically and allowed to return to work.

An outbreak occurred in Preston Prison during the night of 6-7th May involving 37 prisoners out of a total of approximately 600 at risk. The food suspected was cottage pie made from mutton which was delivered to the prison on the morning of 3rd May, kept in an unchilled meat storage room until the afternoon of 5th May when it was cooked by steaming. It was then allowed to cool at room temperature before being put in the refrigerator where it remained overnight. On the morning of 6th May, it was removed from the refrigerator, minced, mixed with onions and seasoning, covered with a layer of mashed potatoes and cooked as a pie. Unfortunately all the remains of the pie had been disposed of before the outbreak came to the notice of the Health Department and therefore no samples could be taken. The average interval from the ingestion of the pie to onset of symptoms was 11 hours and the main symptoms were abdominal pain, nausea, vomiting and diarrhoea.

Faeces samples were obtained from 13 patients and two of these showed the presence of heat resistant *Clostridium welchii*, serological type 7, no organism of the salmonella, dysentery or staphylococcal groups were isolated. The method of storing and twice cooking the suspected mutton in this case was highly suitable for the proliferation of *Cl. welchii* and the production of its toxin. This outbreak was notified to the Ministry of Health in the form prescribed in the Ministry Memo. 188, revised 1958, Appendix D (ii).

Other Alimentary Infections.

Enteropathogenic *Escherichia coli* type 026.

On 7th October, 1961 a baby in the premature baby unit, Preston Royal Infirmary, was found to have *E. coli* type 026 in its stools, having passed a few loose motions, but not being very ill. Sampling of the remaining babies in the unit revealed six symptomless excretors of the organism on 11th October, 1961. All these infants were removed to Deepdale Hospital where they all eventually became clear of the infection, although this took some time in certain cases.

Sampling of the staff of the unit was carried out and one ward orderly was suspended from duty and treated by her own doctor until she became bacteriologically clear, her husband the only other member of the household was also sampled but he was not affected. The rooms normally used for the premature babies at the Infirmary were closed, thoroughly cleaned and disinfected and then completely redecorated, other rooms being used temporarily for these babies.

Scarlet Fever.

Fifty-four cases of scarlet fever were notified during the year, the lowest figure over the last 10 years as shown in Table 00. The disease remains generally mild and only 8 cases were admitted to hospital, most on social grounds.

Infective Hepatitis.

During 1961 there were 61 notifications of infective hepatitis. In three cases this diagnosis could not be upheld the condition being due to biliary obstruction from gallstones or neoplasm. Of the 58 confirmed cases 31 were males, 27 females. These figures show a marked reduction compared with 1960 when there were 175 notifications with 168 cases confirmed.

Over 50% of the cases occurred during the first four months of the year—a similar incidence was noted in the early months of last year. Table 00 gives the seasonal incidence in the past six years.

The disease was largely concentrated in the Brookfield area of the town—28 cases (48% of the total being resident on that housing estate).

The incidence for different age groups is shown in the histogram. Once again this demonstrates that children in their early school life are the most susceptible. Several of the cases in the 25-44 year age group are parents evidently infected by their children.

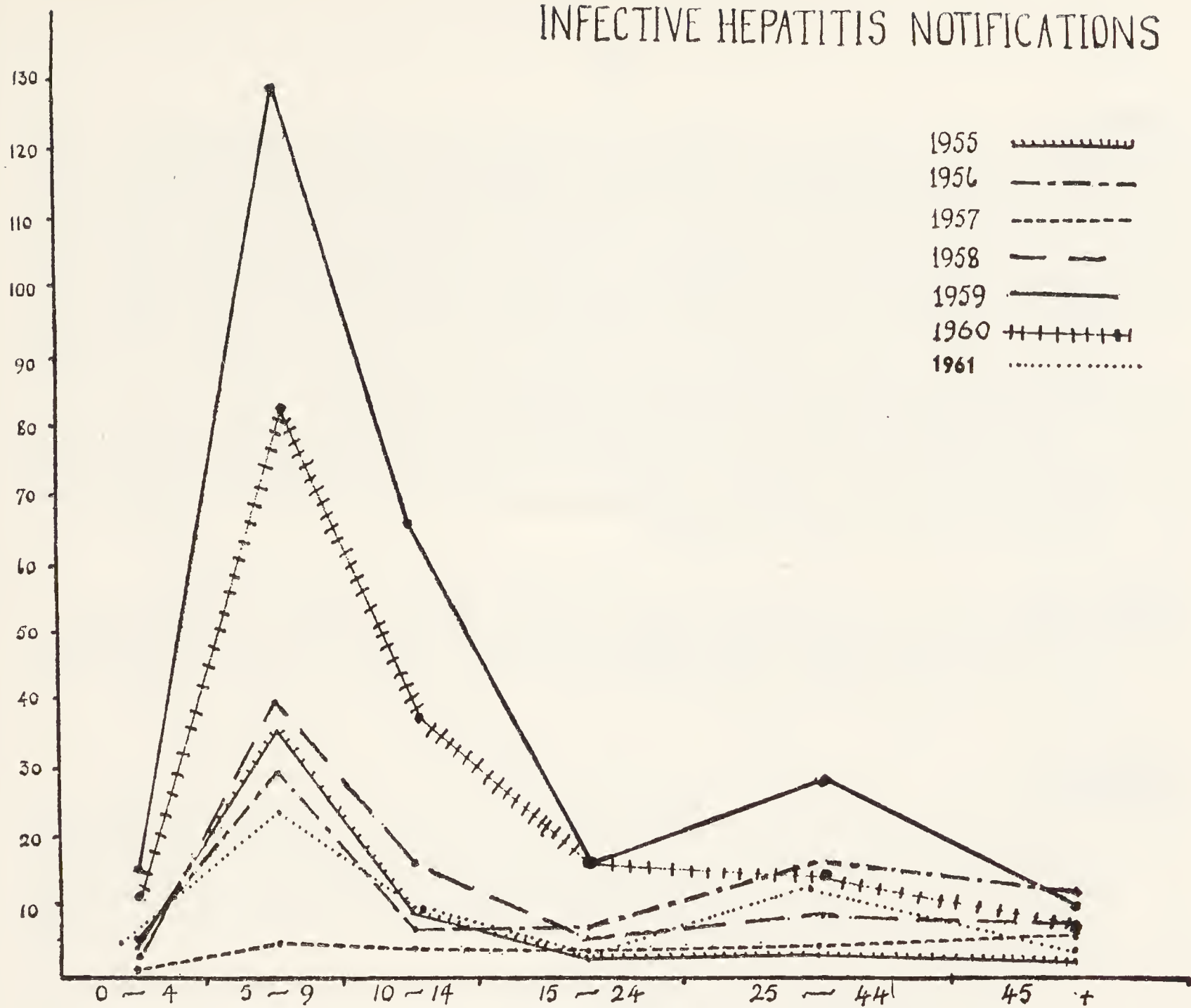
The disease remained predominantly mild in children, but a third of the adults cases were moderately severe.

Table 44.
Infective Hepatitis.
SEASONAL INCIDENCE.

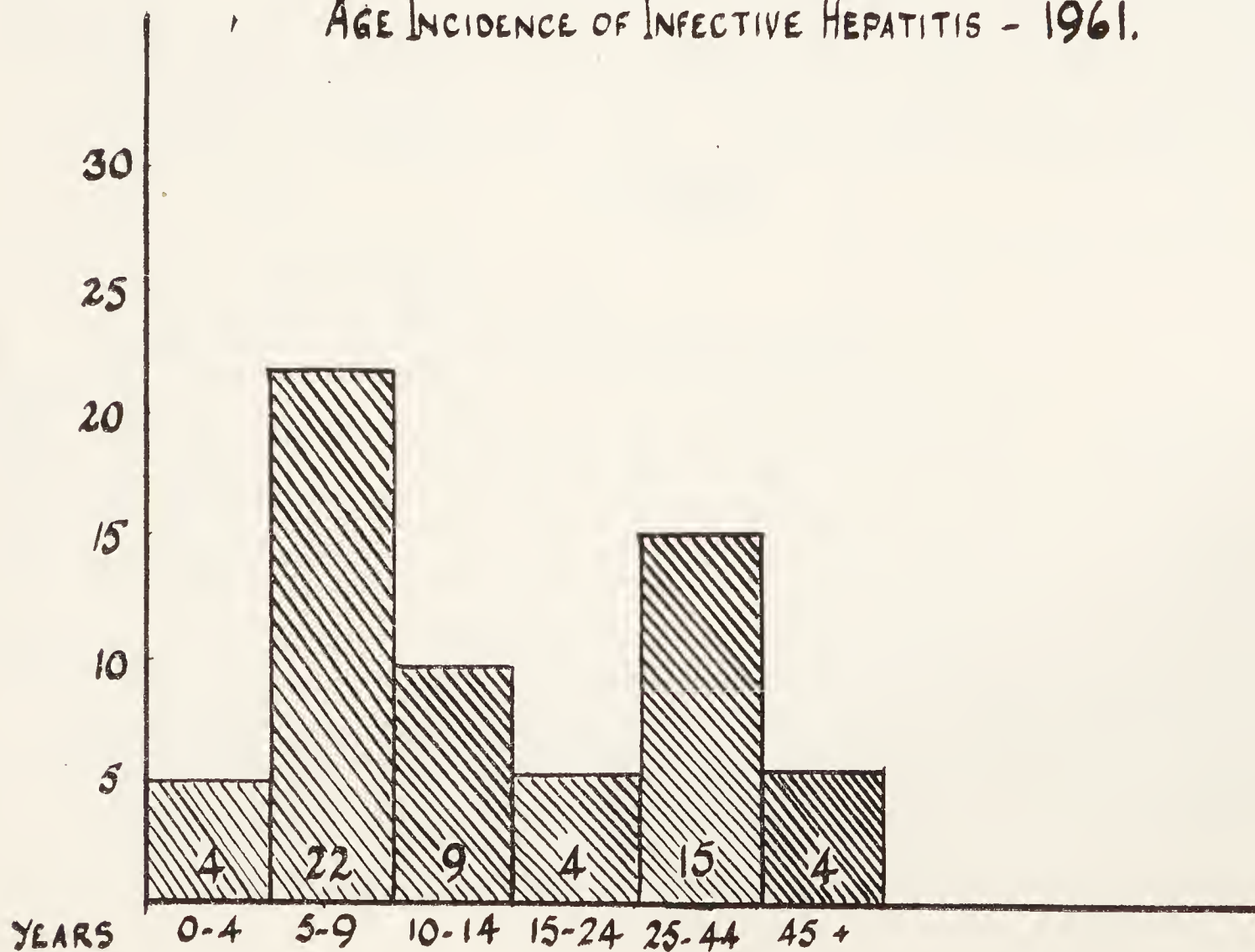
<i>Month</i>					YEAR					
					1956	1957	1958	1959	1960	1961
January	...	...	...		6	5	2	35	19	10
February	...	...	...		—	1	3	18	13	5
March	...	...	...		7	1	—	16	25	9
April	...	...	...		8	2	—	26	25	8
May	...	...	...		7	1	1	30	11	7
June	...	...	...		10	1	4	20	10	3
July	...	...	...		3	1	8	26	10	6
August	...	...	...		3	2	10	15	11	3
September	...	...	...		*7	—	7	18	15	2
October	...	...	...		9	4	13	26	11	2
November	...	...	...		9	—	14	22	11	1
December	...	...	...		1	—	6	10	17	2
					70	18	68	262	168	58

* Notifiable from 17.9.56

INFECTIVE HEPATITIS NOTIFICATIONS



AGE INCIDENCE OF INFECTIVE HEPATITIS - 1961.



Influenza.

A severe epidemic of influenza occurred in January and February. The outbreak started suddenly in the week ending 3rd January, 1961 and was more or less over by the end of February. It reached its peak about the end of January, for the week ending 31st January, 1961 there were 2,331 new claims for sickness benefit received by the Ministry of National Insurance compared with the highest number in recent years which was 2,532 for the week ending 24th February, 1959. School attendances reached their lowest during the week ending 3rd February, 1961, when the average figure was 82.68%. Virological investigations showed the epidemic to be due to Influenza Virus A2.

The epidemic caused the deaths of 39 persons ranging in age from 8 to 89 years (see report on "Deaths"). Besides the deaths influenza caused a great deal of absence from work and the financial loss to the individual and to the community must have been very high.

Pneumonia.

It has been noticed that there were 63 deaths certified as being due to pneumonia during 1961 while during the year a total of 56 cases were notified, giving a case mortality of well over 100% ;

Tuberculosis.

Incidence.

Formal notification of the diagnosis of tuberculosis was received in respect of 55 persons, 49 pulmonary and 6 non-pulmonary, an increase of 10 pulmonary, and two non-pulmonary compared with 1960. These figures are disappointing and are the highest since 1957 but serve to show that tuberculosis will not easily be conquered.

Analysing the figures for pulmonary tuberculosis the greatest increases are to be seen in middle aged and elderly men, 21 out of a total 29 male cases occurring in men aged 35-75 years, compared with 10 in 1960. In females the opposite is the case, 14 notified under the age of 35 out of a total of 20 cases compared with 9 in 1960. The older men presumably act as a reservoir of infection and the younger women have presumably a lower resistance to infection.

Table 45.

Age periods	FORMAL NOTIFICATION													
	No. of Primary Notifications of new cases of Tuberculosis													Total All Ages
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	
Respiratory, Males ...	—	—	1	1	2	1	2	1	7	4	6	4	—	29
Respiratory, Females ...	—	—	—	1	3	4	2	4	1	4	—	1	—	20
Non-Respiratory, Males ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Respiratory, Females ...	—	—	—	—	1	1	—	2	1	1	—	—	—	6

There has been a marked increase in the number of coloured immigrants notably from India and Pakistan where it is well known that tuberculous disease is rife and the coloured population in Preston now numbers several thousands. Four cases of active pulmonary disease and one case of non-pulmonary disease were notified during 1961 amongst immigrants from the Indian sub continent and it is clear that in the overcrowded conditions under which they tend to herd themselves further cases are likely to come to light.

A change has been made in the arrangements for mass radiography whereby the unit will in future spend a portion of each year in Preston and it is hoped to utilise this facility to greater advantage in the detection of tuberculosis in those people whose lives have hitherto been led in circumstances more suitable to the existence of tuberculosis as a community disease than now prevails in this country.

Another potent group of people who can spread tuberculosis is that made up of those who fail to continue the therapeutic remedies prescribed and so become carriers of drug resistant strains of organisms. Efforts are being made by the health visitors to follow up these cases and to persuade them to carry out the full treatment against the disease.

Table 46 gives the number of persons classified according to age and sex and site of disease on the notification register at the end of the year, together with the number of cases removed from the register during the year and the reasons therefor.

Table 46. Notification Register.							
	Respiratory			Non-respiratory			Total Cases
	Male	Female	Total	Male	Female	Total	
Number of cases of Tuberculosis remaining on the 31st December, 1961, on the Register of Notifications kept by the Medical Officer of Health ...	276	212	488	40	63	103	591
Number of cases removed from the Register during the year by reason, <i>inter alia</i> , of :—							
1. Withdrawal of notification	4	2	6	—	—	—	6
2. Recovery from the disease... ..	34	26	60	2	3	5	65
3. Deaths (all causes) ...	6	1	7	—	—	—	7
4. Outward Transfers ...	14	16	30	2	1	3	33
5. Otherwise (Lost sight of, etc.)	2	1	3	—	—	—	3

The graph on page 84 illustrates the number of notifications and deaths respectively occurring in Preston over the years since 1930 and serves to show that in spite of temporary setbacks such as has occurred in 1961 the position has improved vastly over the past thirty-two years.

TUBERCULOSIS

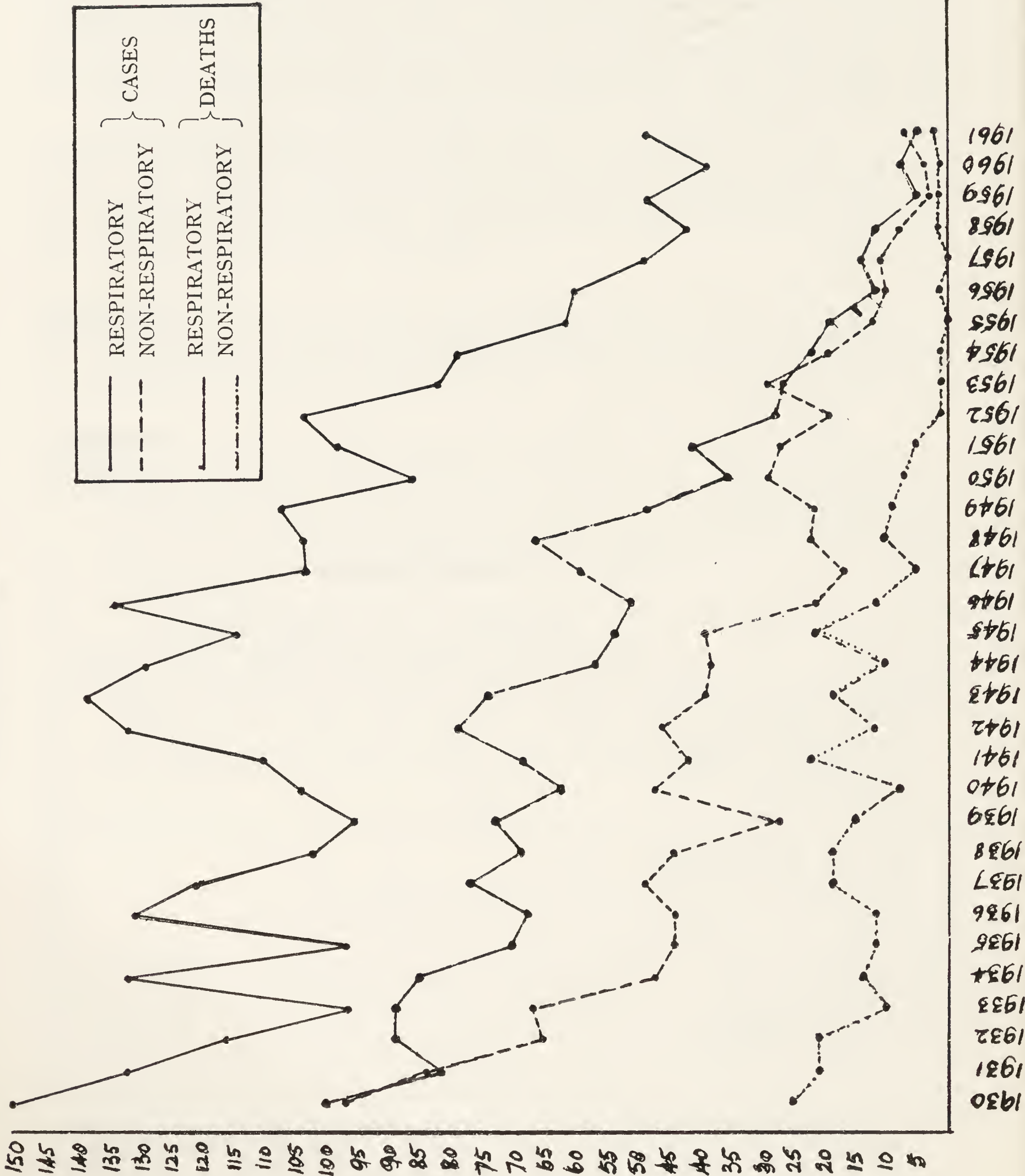


Table 47.
Tuberculosis.

Population	Year	No. of cases notified		Rates per 1,000 population		No. of Deaths		Rates per 1,000 population	
		Respiratory	Non-Respiratory	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
126100	1930	150	97	1.19	.77	100	25	.79	.20
120100	1931	133	84	1.12	.71	82	21	.69	.18
118500	1932	116	65	.98	.55	89	21	.75	.18
117800	1933	96	67	.81	.57	89	10	.76	.08
117490	1934	133	48	1.13	.41	85	14	.72	.12
116200	1935	96	44	.83	.38	70	12	.60	.10
115200	1936	131	44	1.14	.38	68	12	.59	.10
113600	1937	121	49	1.07	.43	77	19	.68	.17
113600	1938	103	44	.91	.39	69	19	.61	.17
112800	1939	95	27	.84	.24	73	15	.65	.13
108500	1940	104	47	.96	.43	63	8	.58	.07
111490	1941	110	43	.99	.39	68	22	.61	.20
110000	1942	133	46	1.21	.42	79	12	.72	.11
109100	1943	138	39	1.26	.36	74	18	.68	.16
108190	1944	129	38	1.19	.35	56	10	.52	.09
108480	1945	114	39	1.05	.36	54	21	.50	.19
114070	1946	134	21	1.17	.18	52	12	.46	.10
116520	1947	103	17	.90	.15	59	5	.51	.04
118130	1948	104	23	.88	.19	66	10	.56	.08
119500	1949	107	22	.90	.18	48	9	.40	.08
120300	1950	86	29	.71	.24	35	7	.29	.06
118100	1951	97	27	.82	.23	41	5	.35	.04
119200	1952	103	19	.86	.16	27	1	.23	.01
118900	1953	82	29	.69	.24	26	1	.22	.01
118400	1954	79	19	.67	.16	22	1	.19	.01
117400	1955	61	13	.52	.11	19	—	.16	—
117200	1956	60	10	.51	.08	11	1	.09	.01
116200	1957	49	11	.42	.09	13	—	.11	—
115100	1958	43	8	.37	.07	11	1	.09	.01
114200	1959	48	3	.42	.03	5	1	.04	.01
113460	1960	39	4	.34	.03	7	1	.06	.01
113170	1961	49	7	.43	.06	5	2	.04	.02

Prevention of Illness, Care and After Care as applied to Tuberculosis.

I am indebted to Dr. W. Griffel, Chest Physician, for the following observations on the problem of tuberculosis :

“The mortality rate from tuberculosis continues to decrease and the graph on page 84 shows how this trend has continued over the last thirty years.

The eradication of tuberculosis is within our grasp and can be achieved during the next two decades, provided that an intensive and extensive programme of general measures, to some extent existing already, is implemented with an enthusiasm and diligence worthy of the task.

The improvement in the general standard of living, in the housing conditions and the elimination of air pollution are already bearing fruit. Amongst the more specific measures of prevention the vaccination with BCG vaccine should, in my opinion, be offered now to all persons attending Outpatient Clinics in the Borough and Hospital services, regardless of age, provided they are tuberculin negative on skin testing.

There are already improvements in the working of the Mass Radiography Service and more frequent visits should help to discover unknown foci of infection amongst the population of the Borough, which, like others, has an increased influx of immigrants unexamined on their entry.

The implementation of such a programme would necessitate a still closer co-operation of the M.O.H. Department with all the agencies interested in the eradication of tuberculosis and it is from this department that a lead in the extension of the programme—only sketched above—can come.”

Active search amongst the contacts of known cases of tuberculosis was carried out at the chest clinic throughout the year and 664 contacts were examined, of whom three were diagnosed as suffering from pulmonary tuberculosis.

Tuberculin tests continued to be carried out at toddlers' clinics on children of approximately four years old. 228 were tested and 13 gave positive reactions. Of the positive reactors, seven had previously received B.C.G. vaccination, and the remaining six were referred to the Chest Clinic for investigation. Four were found to have no evidence of pulmonary disease. Two were found to have a pulmonary lesion. One male was admitted to Preston Royal Infirmary whence he was transferred to Deepdale Hospital. There was some doubt as to whether this lung lesion was tuberculous or simply inflammatory in nature but according to Dr. Griffel “The chest condition may have had a tuberculous basis.” Regarding the other members of this family the father's chest x-ray was normal, the mother persistently refused to attend the chest clinic, a five-year-old sister was found to have a negative Heaf test at a child welfare clinic but was not taken to the chest clinic, and a two-year-old brother had a negative Heaf test at the child welfare clinic and was taken to the chest clinic where his chest x-ray was normal.

The other child with an apparent lung lesion was a little girl whose condition was considered to be so good as to require no treatment but she was to be kept under observation by the chest physician. All this family were seen at the chest clinic except the father who failed to attend, no evidence of tuberculosis was found in any of them.

B.C.G. Vaccination.

B.C.G. vaccination against tuberculosis has continued during 1961. Those vaccinated were 13-year-old school children and tuberculin negative contacts of cases of the disease. Consents for vaccination were received for 1,428 school-children of 13 years of age representing 76.9% of the estimated population of 1,856 compared with 67.18% consenting in 1960 and 57.4% in 1959. A total of 1,230 children of this age group were vaccinated during the year, compared with 1,219 in 1960 when the estimated population was 2,267, i.e. 411 more.

Detailed figures for B.C.G. vaccination of school children are given in Table 48.

Table 48. B.C.G. Vaccination of thirteen-year-old school children.								
	1954	1955	1956	1957	1958	1959	1960	1961
No. tuberculin tested	925	1,037	1,039	982	1,071	1,033	1492	1512
No. of tuberculin positives ...	249	253	286	269	245	190	265	272
Percentage positive reaction to total tuberculin tested ...	26.9	24.4	27.5	27.4	22.9	18.4	17.76	17.99
No. of tuberculin negatives ...	675	784	753	713	824	843	1227	1240
No. vaccinated	675	784	745	705	804	820	1219	1230
No. of vaccinated who were tuberculin negative at 12+ weeks after vaccination	4	184	3	7	83	49	24	13

An interesting report by Dr. Pasi on the effect of B.C.G. vaccination on the incidence of tuberculosis in adolescence is given in Appendix I and its study is a worthwhile exercise for those interested in the control of tuberculosis in Preston.

The further investigation of 13-year-old school children who gave Grades III and IV Positive reactions to the routine pre-B.C.G. Heaf Tests was continued throughout 1961. During the year 81 children were referred to the chest clinic, along with particulars of their home contacts for action where the Chest Physician considered this to be necessary, out of a total of 1,512 tested. In addition reports were received on 28 out of 37 outstanding at the end of 1960, the remaining 9 not attending either because of parental indifference or downright refusal. Of these 28 one girl living in Preston was found to be suffering from an active tuberculous respiratory lesion and was admitted to hospital. Investigation of her home and school contacts revealed no other active case of respiratory tuberculosis but 2 girls are being kept under observation by the Chest Physician because of known contact within their own families. The remaining 27 showed no evidence of active pulmonary disease but where necessary they and any of their home contacts will be seen at appropriate intervals by the Chest Physician.

Of the 81 children referred to the Chest Physician during 1961 six did not attend. One girl was found to be suffering from an active lung lesion, and on examination of her family her father was found to be suffering from extensive pulmonary disease with a positive sputum which had not been suspected.

It is considered almost certain that this girl received her infection from her father. Investigation of her school contacts failed to reveal any other cases of active tuberculosis but six children were to be kept under observation by the Chest Physician. All the staff examined were discharged. Seventy-two children attended the chest clinic and were not found to be suffering from active tuberculosis but where considered necessary they and/or any family contacts were placed under observation.

Care and After-Care.

The night sanatorium arrangements remained unchanged in 1961. At the beginning of the year one chalet was occupied. All chalets were vacant at the end of the year. The length of stay was 264 days.

Provision of Milk.

The provision of milk, either free or at reduced prices, to tuberculous patients continued throughout the year and 17 persons received such supplies.

Nursing and Ancillary Equipment.

A full range of equipment for the domiciliary care of the sick is available on loan or otherwise and has been drawn upon as required.

Treatment of Scabies and Verminous Heads.

Ellen Street and Cuttle Street continue to be used as cleansing Centres, mainly for the treatment of scabies and head louse infection.

Head louse infestation is treated as follows. First a general shampoo with green soft soap is given and the hair combed with a fine-toothed comb. The hair is rubbed dry and an emulsion containing D.D.T. and pyrethrins is applied. This is left on for 24 hours and is then washed off at home by the parent using a medicated shampoo. This loosens nits and the fine-tooth comb is used again to complete their removal. A week later the child has a further application of the D.D.T. emulsion at the Centre which is again left on for 24 hours and then washed off with the medicated shampoo. The application of the emulsion and the washing with the shampoo continues weekly until the child and family contacts are considered clear of infestation.

Table 49 shows the figures for treatment given during 1961. The very low numbers are to be explained by the fact that we were without a female cleansing attendant from 17th March, 1961—31st August, 1961 and from 8th September 1961 onwards owing to the ill health of Mrs. Grimshaw, until 6th November, 1961 when her successor, Mrs. Vaughan, took up duty.

In the interim the school nurses did the best they could by carrying out treatments in their schools and clinics in addition to their usual often thankless task of trying to persuade the mothers to do their duty to their own children by cleansing them in their homes.

Table 49.

	ELLEN STREET				CUTTLE STREET			
	Scabies		Verminous Heads		Scabies		Verminous Heads	
	Cases	Treatments	Cases	Treatments	Cases	Treatments	Cases	Treatments
Men	—	—	—	—	—	—	—	—
Women	3	4	—	—	—	—	—	—
Boys (under 14) ...	9	14	140	142	—	—	196	206
Girls (under 14) ...	7	11	604	619	—	—	623	631
TOTAL ...	19	29	744	761	—	—	819	837

Venereal Diseases.

The arrangements relating to the control of venereal disease remained unchanged during the year. The venereal diseases social worker continued to function under the direction of the consultant at the clinic in Preston Royal Infirmary. Some 300 letters were sent out from the clinic and home visits were paid in 26 cases.

Routine enquiry continues to be made on all ships by the port health inspector and generally speaking seamen do not hesitate to come forward for treatment. Seamen seen at the clinic during the year numbered 40 as opposed to 37 in the previous year.

As will be seen from Table 50 the incidence of syphilis has fallen slightly in contrast to certain other parts of the country where definite rises in the incidence of early syphilis have been reported.

The steady increase in the numbers of new cases of gonorrhoea noted since 1956 has continued, reaching a total of 173 for 1961, compared with 151 in 1960, and 42 in 1956, representing rises of approximately 15% and 310% respectively.

This increase in gonorrhoea presents a very serious problem. The increase is not confined to Preston but is nation-wide, the numbers of new cases of gonorrhoea for England and Wales having risen from 31,344 in 1959 to 37,107 in 1961. It is also generally a finding that by far the greatest rate of increase is among the

young—our emancipated, financially well off, but often ignorant and ill-informed teenagers. The total numbers for all ages are far higher in males than in females—in 1961, 29,519 males and 7,588 females in England and Wales, and 177 males and 52 females from Preston and the surrounding parts of Lancashire attending the special clinic at Preston Royal Infirmary. This may not reflect the true sex ratio as the disease is often less apparent in females than in males and more cases may not be recognised, but nevertheless active spreading disease to their male partners. A recent paper compares the figures for new cases of gonorrhoea in adolescents (15 to 19 years) in one clinic in Manchester for 1938 and 1960. In 1938 adolescent males constituted 3.2% and in 1960 they made up 5% of the total figure for males. In 1938 adolescent females constituted 7.1% and in 1960 they accounted for 23.8%, i.e. almost a quarter of the total for females.

Other articles in the medical press have drawn attention to venereal disease occurring in immigrants and it seems likely that as with tuberculosis the importation of gonorrhoea is one of the risks inherent in an immigration policy which has resulted in an influx of people from other parts of the world where these diseases have not been controlled to the degree reached in this country.

The fortuitous association in time of an earlier sexual maturing of the native population and an increased potential for the spread of venereal disease is undoubtedly a challenging situation that has to be met with new methods of attack as well as with the old.

Table 50.
Preston County Borough.
Venereal Disease—New Cases.

	1961	1960	1959	1958	1957
Gonorrhoea... ..	173	151	105	90	62
Syphilis	11	13	15	16	25

Sanitary Circumstances of the Area

1. Water.

Water supplies come from the Preston and District Water Board and continue to be ample in quantity and excellent in quality.

Regular sampling of raw and treated water was carried out during the year as follows—samples from :—

Intakes—51 samples.

Aqueducts—21 samples.

Storage and open service reservoirs—63 samples.

Reservoir outlet into supply—5 samples.

As supplied to consumers in Preston—37 samples.

The waters from two of the small intakes, where the quality is generally below the desired standard for raw water, are chlorinated at source, and all samples were consequently sterile. The samples of raw water from the principal Intakes, and open reservoirs gave varying B coli counts but after micro-straining and chlorination the five reservoir outlet samples and the 37 from the Preston area all resulted in completely negative counts. Details of the most recent chemical analysis are as follows :—

Tithebarn Street Workshop, Preston.

Results expressed in parts per million :

Total solid Residue (Dried at 180°C.)	...	...	...	72.0
Oxygen required to oxydise	}	in 15 mins.	...	0.58
		in 3 hours	...	0.98
Ammonia—Free and Saline	...	...	...	0.036
Ammonia—Albuminoid	...	...	...	0.14
Nitrogen as Nitrates	...	...	...	0.20
Nitrogen as Nitrites	...	...	...	Nil
Chlorides	...	...	...	10.0
Temporary Hardness	...	...	...	Nil
Permanent Hardness	...	...	...	34.0
Total Hardness	...	...	...	34.0
pH Value	...	...	...	7.2

Physical Properties : Colour 10 Hazen.

The water as supplied has shown no evidence of plumbo-solvent action.

As the constant supervision of the collection areas and intakes, followed by micro-straining and chlorination, resulted in wholesome and sterile water wherever sampled in Preston no further action was necessary.

The population supplied—113,208 or thereabouts.

All houses have direct supplies and none are supplied by means of stand-pipes.

There are no houses without a piped water supply.

Work is proceeding on a 5 million gallons covered service reservoir in which treated water will be stored and protected from any further pollution.

Work has been carried out to improve mains in outer areas.

The Sampling Officer took 4 samples of town's water for bacteriological examination and all were found to be satisfactory.

2. Public Swimming Baths.

The following information has been supplied by the Baths Superintendent :

All swimming baths within the Borough are controlled by the Municipal Authority. They consist of :

THREE OPEN-AIR POOLS

<i>Situation</i>		<i>Dimension</i>	<i>Capacity</i>	<i>Frequency of Water Change</i>
Moor Park ...	...	100 ft. × 50 ft.	109,400 gals.	3 hours
Haslam Park	...	100 ft. × 50 ft.	148,500 gals.	4 hours
Ribbleton Park	...	100 ft. × 50 ft.	148,500 gals.	4 hours

The water in these pools is clarified by Pressure Filters air scoured for Back Wash and sterilized by modern chlorination Plants maintaining a free chlorine content of from .75 to 1.0 p.p.m at the outlet.

ONE INDOOR ESTABLISHMENT COMPRISING TWO POOLS

<i>Situation</i>		<i>Dimension</i>	<i>Capacity</i>	<i>Frequency of Water Change</i>
Saul Street :				
Large Pool	...	100 ft. × 42 ft.	140,000 gals.	4 hours
Small Pool	...	60 ft. × 30 ft.	56,000 gals.	4 hours

The large pool is converted to a dance and concert hall during the winter months.

The water in these pools is heated, and clarified by means of pressure filters with mechanical agitation for Back Washing and sterilized by a modern chlorination Plant maintaining a free chlorine content of 1.0 p.p.m at the outlet.

At all Swimming Pools water for the initial filling and make up water after Back Washing is taken from the Town's Water Supply.

Sulphate of Alumina is added for filter flocculation and a p.H. value of 7.6 to 8.0 maintained by the addition of Soda Ash.

Tests for free chlorine and p.H. Value are taken twice daily and at all peak bathing periods. In addition to these manual tests there is at the indoor pool a 24-hour daily graph reading made by an automatic Chlorine Recorder.

At all pools readings of free and combined Chlorine, p.H., Water temperature, Number of Bathers, Date of Filter Back Wash, State of Weather, are entered in a daily Log Book, also rate of filter turnover.

3. Sewerage.

With the exception of the Ingol area, where a new sewerage scheme will be commenced in June of next year and will be completed in about eighteen months time, and parts of the Blackpool Road area where new relief sewers will be laid for the Shelley Road area during the next financial year, and also one for Inkerman Street in 1963/64, it is considered that the sewerage system within the County Borough is adequate.

Sewage disposal at the present plant at Freckleton is unsatisfactory as was outlined in last year's report but a recent Council resolution provides for the preparation of a comprehensive scheme incorporating biological treatment and sludge disposal arrangements.

4. General Sanitary Defects.

The following table shows the work carried out under the public health and housing acts in relation to dwellinghouses during 1961 :—

Table 51.
Sanitary Improvements effected under the Public Health and Housing Acts.

No. of premises dealt with	...	...	...	...	...	...	...	1,116
Chimneys repaired or renewed	...	...	...	...	...	...	...	7
Dampness remedied	...	...	...	...	...	...	...	103
Downspouts repaired or renewed	...	...	...	...	...	...	...	54
Drains or sewers cleansed	...	...	...	...	...	...	...	195
Drains or sewers tested	...	...	...	...	...	...	...	73
Drains or sewers repaired or renewed	...	...	...	...	...	...	...	133
Dust bins provided	...	...	...	...	...	...	...	22
Fireplaces repaired or renewed	...	...	...	...	...	...	...	7
Floors repaired or renewed	...	...	...	...	...	...	...	18
Gutters repaired or renewed	...	...	...	...	...	...	...	77
Lighting and ventilation improved	...	...	...	...	...	...	...	3
Nuisances abated (general)	...	...	...	...	...	...	...	87
Passages or yard surfaces flagged, etc.	...	...	...	...	...	...	...	5
Plasterwork repaired or renewed	...	...	...	...	...	...	...	95
Premises disinfested or cleansed	...	...	...	...	...	...	...	114
Premises treated for rats or mice	...	...	...	...	...	...	...	31
Roofs repaired or renewed	...	...	...	...	...	...	...	97
Sinks repaired or renewed	...	...	...	...	...	...	...	15
Verminous persons cleansed	...	...	...	...	...	...	...	2
Walls repaired or renewed	...	...	...	...	...	...	...	18
Water service pipes repaired or renewed	...	...	...	...	...	...	...	18
W.C. accommodation provided, improved, repaired or renewed	...	...	...	...	...	...	...	135
Windows repaired or renewed...	...	...	...	...	...	...	...	46
Woodwork (general) repaired or renewed	...	...	...	...	...	...	...	29
Other work done	...	...	...	...	...	...	...	15

A total of 450 informal notices and 245 statutory notices were served under the public Health Act during the year. The latter are itemised in Table 000.

Financial assistance was approved under Section 47 of the Public Health Act in the converting of a waste water closet to a water closet at two dwelling houses.

A Brewery Company was prosecuted under Section 89 of the Public Health Act, 1936 for failure to provide in a suitable position an adequate number of sanitary conveniences for the use of males and females frequenting one of their licensed premises. A fine of £5 was imposed.

In two instances a nuisance order was successfully applied for when owners failed to comply with an abatement notice, Public Health Act, 1936.

In one instance an owner appealed in the Borough Magistrates Court against a Public Health Act statutory notice requiring the provision of a sound w.c. basin and seat, alleging that the notice should have been served on the occupier. The appeal was dismissed.

Table 52.									
Summary of Statutory Notices served under Public Health Act, 1936.									
<i>Section</i>									<i>Number served</i>
24	Repairs to Public Sewers	...	...	...	...	...	...	...	36
39	Drainage ... ..	...	...	...	...	...	...	...	73
44	Closet accommodation ...	...	...	...	...	...	...	...	30
51	Water supply to w.c. cisterns	...	...	...	...	...	...	...	2
56	Yard paving ... ..	...	...	...	...	...	...	...	2
75	Dust Bins ... ..	...	...	...	...	...	...	...	14
89	Sanitary accommodation at Inns, etc.	...	...	...	...	...	...	...	1
92/3	Abatement notices (statutory nuisances)	...	...	...	...	...	...	...	87
									<hr/> 245 <hr/>

5. Tents, Vans and Sheds.

Under the provisions of the Public Health Act there were no licensed caravans stationed in the Borough but 3 sites were occupied by accredited members of the Showmen's Guild as winter quarters, the land being owned by the occupants.

During the year the Caravan Sites and Development Act came into force and one site licence was granted under this Act.

6. Common Lodging Houses.

One registered common lodging house included in a Confirmed Compulsory Purchase Order was vacated and demolished early in the year.

There are now three registered common lodging houses, one of these being represented in a Clearance Area submitted to the Ministry for confirmation.

The other two are situated in an area likely to be dealt with for slum clearance action in the not very distant future. 33 visits were paid to common lodging houses during the year.

7. Places of Public Entertainment.

There are 8 cinemas in the area and 18 dance halls. Two of the cinemas hold licences for stage plays and 6 other premises are similarly licensed. 52 visits were made to these places of public entertainment.

8. Offensive Trades.

The offensive trades established in the Borough include fat and tallow melters, tripe boilers, fell-monger, gut-scraper, tanner and leather dressers, soap boilers and rag and bone dealers. Of these premises, the majority have been established since the inception of the Public Health Act, 1875, seven only being required to make application for periodic renewal of their licence to carry on an offensive trade. One new application was refused but the applicant was subsequently granted permission to establish an offensive trade at another more suitable premises. One other new application was granted. One premises ceased to be registered.

9. Disinfection and Disinfestation.

Two hundred and thirty-three removals of furniture from unfit houses were fumigated and 55 sprayed. During the year HCN treatment of furniture and effects from condemned houses was stopped, and the direct treatment by modern insecticides was introduced in those cases recommended for treatment by the Public Health Inspectors.

Three hundred and twenty-eight rooms were sprayed with insecticide to combat various infestations and 8 rooms were treated after the occurrence of infectious disease.

The service is maintained by a staff of three, and together with the necessary motor transport these men run a general transport pool for all sections of the Health Department.

Factories Acts, 1937 to 1959.

10. Factories.

Table 53.
Inspections.

Premises	No. on the Register	No. of Inspections	No. of written notices	No. of Prosecutions
Non-mechanical factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority	92	47	1	—
Mechanical factories in which Section 7 is enforced by the Local Authority	835	93	16	—
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)...	28	11	—	—
Totals	955	151	17	—

Table 54.
Defects.

Particulars and Section	No. of defects found	No. of defects remedied	No. referred		No. of Prosecutions
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ...	2	2*	—	2	—
Overcrowding (S.2) ...	1	*	—	1	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6)...	—	—	—	—	—
Sanitary conveniences (S.7)—					
(a) insufficient ...	1	—	—	1	—
(b) unsuitable or defective ...	19	13*	—	18	—
(c) not separate for sexes ...	1	—	—	1	—
Other offences against the Act...	—	—	—	—	—
Totals ...	24	15	—	23	—

* In one instance in each case (involving two factories) the premises closed after notification of defects and service of notice.

11. Outworkers.

Table 55.
(Sections 110 and 111).

Nature of Work	Section 110			Section 111		
	No. of outworkers in August list required by Section 110(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel, Making, etc. }	4	—	—	—	—	—

12. Rodent Control.

During the year two operators were employed on pest extermination.

The Chief Public Health Inspector attended Lancashire County Consultative Committee and North West Lancashire Representative Committee Meetings as a representative of this Authority. These meetings are organised by the Ministry of Agriculture, Fisheries and Food to promote co-operation on rodent control between adjacent authorities and the Ministry.

During the year one poison treatment was made in the town's sewers, a total of 1,236 manholes were poison-baited in all. To facilitate this work men were loaned by the Borough Surveyor, supervision being carried out by the Public Health Inspectors.

The work of the staff at premises in the Borough is summarised in the following table.

Table 56.
Prevention of Damage by Pests Act, 1949.

	Type of Property				
	(1) Local Authority	(2) Dwelling houses	(3) All other (including Business and Industrial)	(4) Total of (1), (2) and (3)	(5) Agri- cultural
I. Number of properties in Local Authority's District	125	35,733	7,092	42,950	55
II. Number of properties in- spected as a result of :					
(a) Notification ...	33	347	71	451	2
(b) Survey under the Act. ...	—	—	2	2	—
(c) Otherwise (<i>e.g.</i> , when visited primarily for some other purpose)	—	—	—	—	—
III. Total inspections carried out ...	174	1,639	631	2,444	15
IV. Number of properties (un- der II) found to be in- fested by :—					
(a) Rats { Major ...	—	—	10	10	2
{ Minor ...	17	188	63	268	—
(b) Mice { Major ...	—	1	—	1	—
{ Minor ...	16	33	23	72	—
V. Number of infested prop- erties (in IV) treated by Local Authority ...	31	100	50	181	2
VI. Total treatments carried out ...	31	100	51	182	2
VII. No. of notices served under Section 4 of the Act :					
(a) Treatment ...	—	—	—	—	—
(b) Structural work (<i>i.e.</i> , proofing) ...	—	2	1	3	—
VIII. No of cases in which de- fault action was taken following the issue of a notice under Section 4 of the Act. ...	—	1	—	1	—

13. Shops.

Shops Act work is carried out in conjunction with other duties concerning shop property.

14. Atmospheric Pollution.

WIND DIRECTIONS, 1952-61.

The following diagram shows the frequency of wind direction during the ten years 1952-1961 as recorded daily at the Moor Park Observatory.

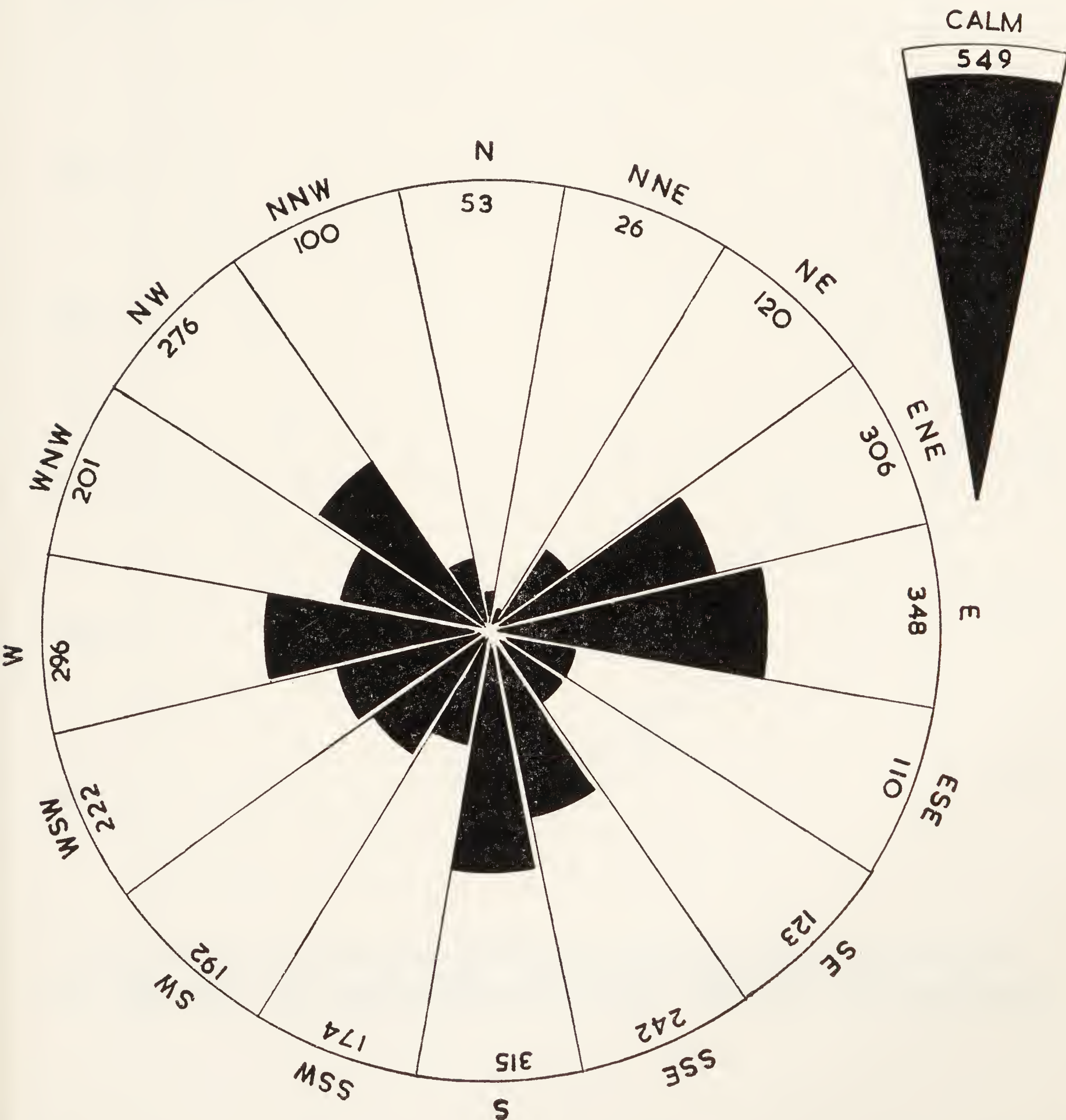
Over the ten-year period in question the wind appears to have come from an easterly direction nearly as often as it has come from a westerly. The infrequency of winds from a northerly direction is most marked.

Its Measurement.

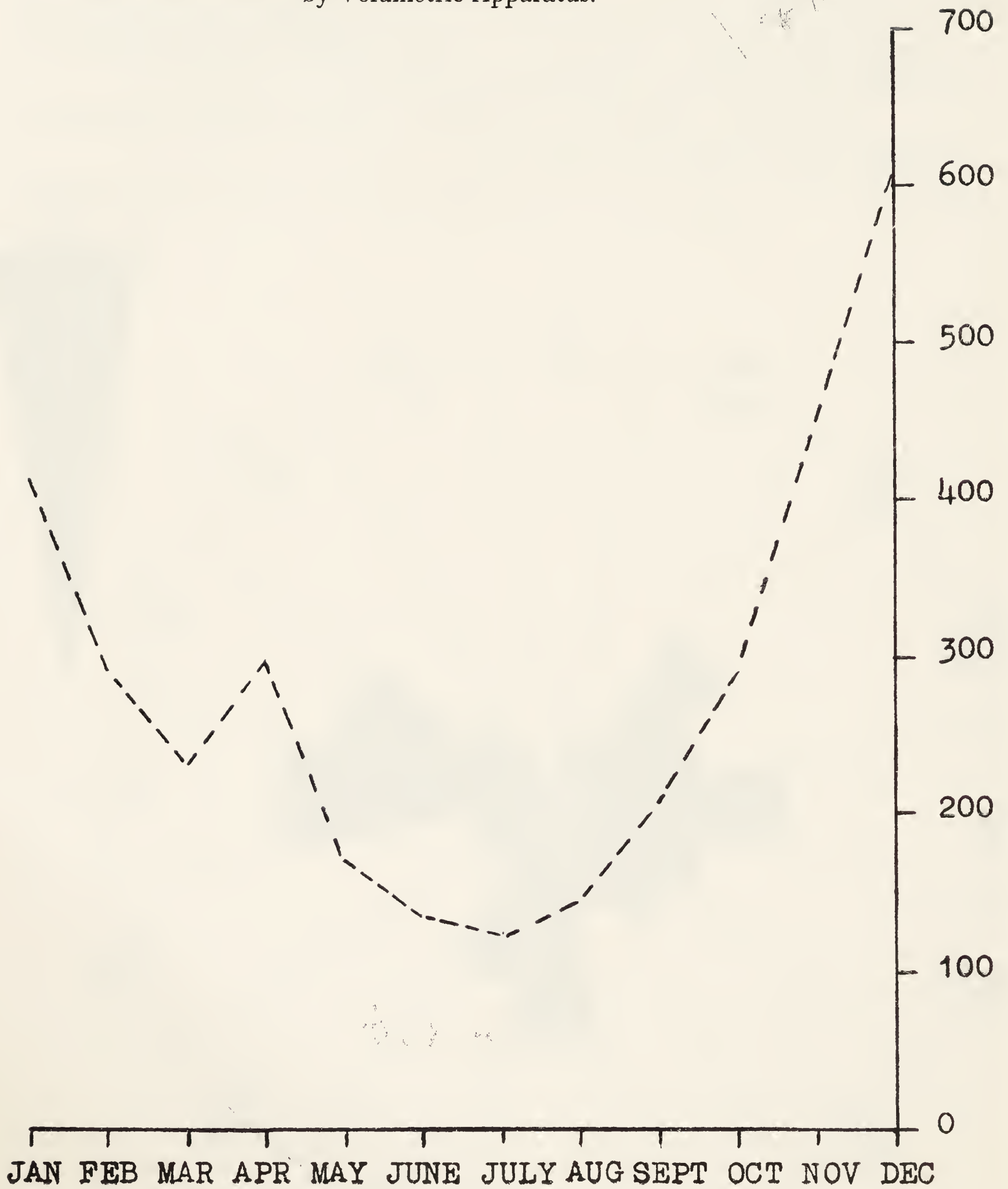
Since 1951 measurements of atmospheric pollution have been taken latterly at five points in the town.

The monthly average for 1961 of smoke concentration as measured by the volumetric apparatus in Lancaster Road is shown in Graph I and Graph II shows the average monthly concentration of sulphur dioxide in microgrammes per cubic meter as determined from the same apparatus.

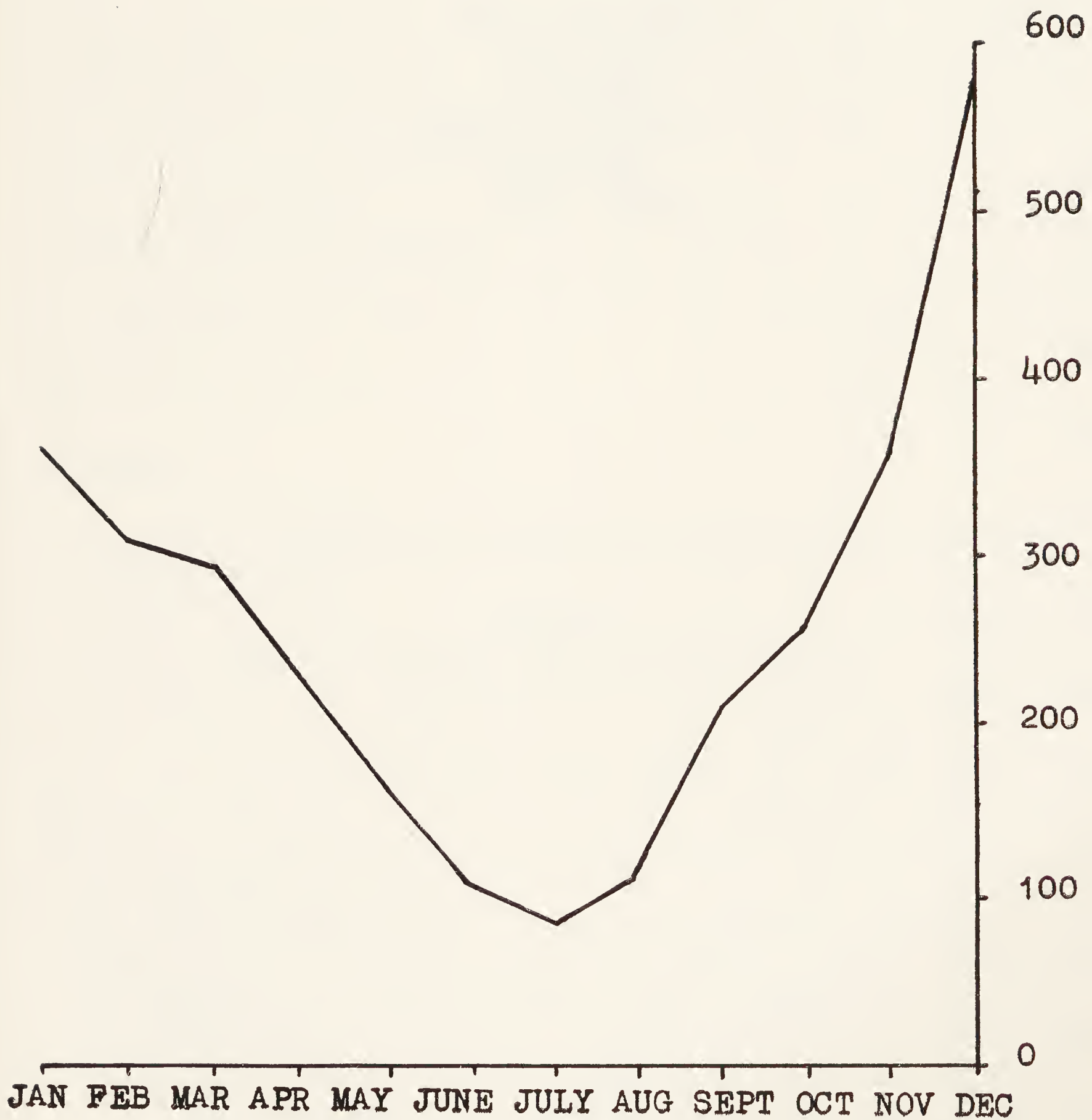
The records of measurement of pollution obtained from the four deposit gauge stations are shown in Graph III.



Graph I.
Concentration of Smoke—Microgrammes per Cubic Metre.
Average for Each Month
by Volumetric Apparatus.



Graph II.
Concentration of SO_2 —Microgrammes per Cubic Metre.
Average for Each Month
by Volumetric Apparatus.



Graph III.
Sulphur by Lead Dioxide Method.
Weight of SO_3 collected Mg/100 sq. cm./day.

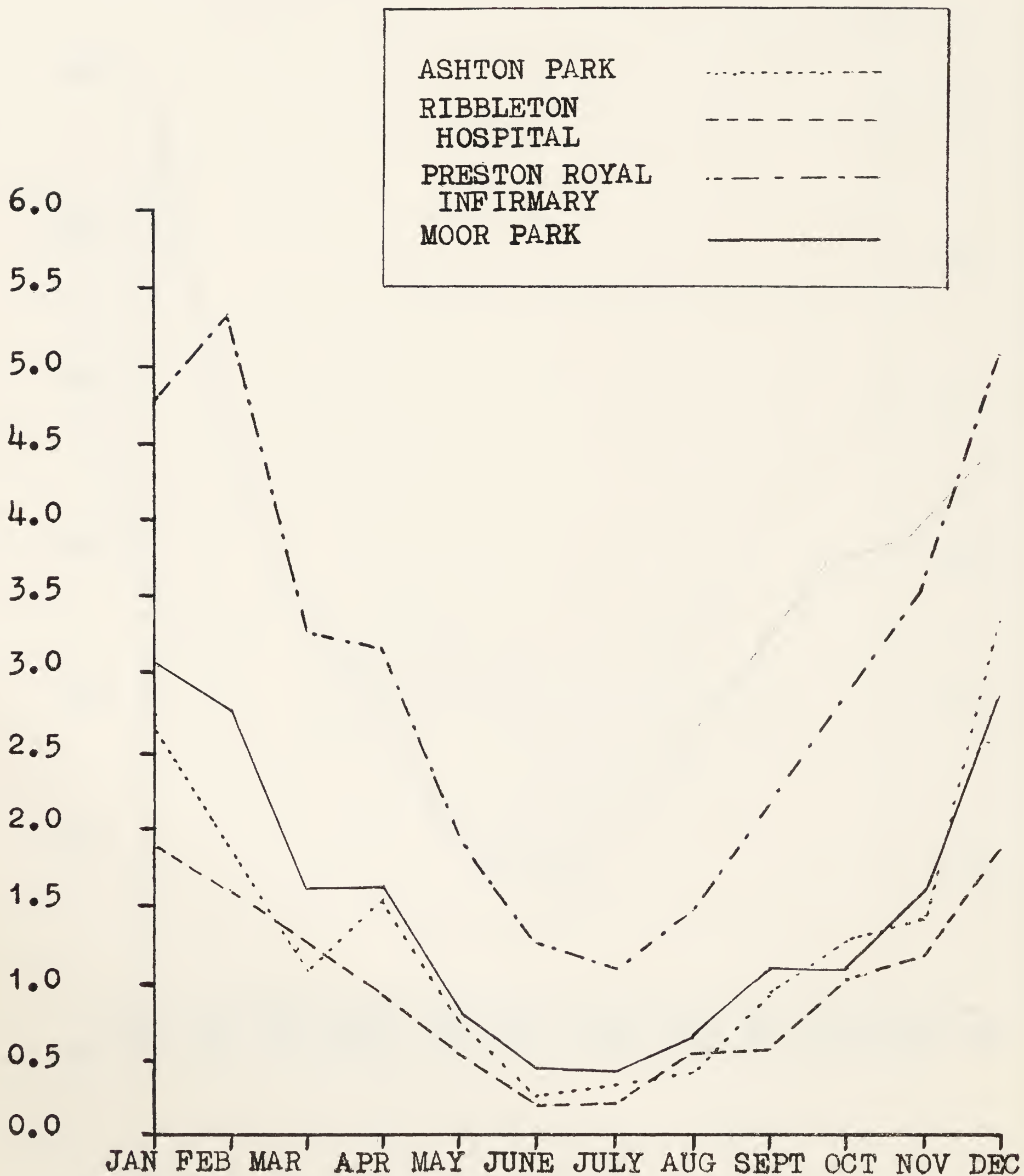


Table 57 gives the average deposit each month of solids in tons per square mile at each of the four stations.

Table 57. Measurement of Deposited Matter by Deposit Gauge.				
	Average figures per month			
	Ashton Park	Ribbleton Hospital	P.R.I.	Moor Park
Rain in inches	3.58	3.73	3.53	3.77
Total dissolved matters in tons per square mile	4.72	4.93	6.72	5.07
Total insoluble matter in tons per square mile	5.60	3.61	8.47	4.27
Soluble matter in CS ₂ in tons per square mile	0.07	0.07	0.11	0.06
Other combustibles in tons per square mile	1.92	1.44	3.29	1.44
Total solids in tons per square mile	10.32	8.54	15.19	9.34

Its Control.

General surveillance of the town has been carried out by the Public Health Inspectors, and visits of inspection and observation were carried out as set out in the following table.

Table 58. Visits in connection with Atmospheric Pollution.							
	Dwelling houses	Rail-ways	Vessels	Steam Boilers	Com-mercial and In-dustrial Plant	Others	Total
1. Observations taken or deposits collected ...	6	2	10	20	57	5	100
2. Inspections on complaint ...	7	—	—	—	13	14	34
3. Nuisance source—							
Smoke ...	7	—	—	—	—	—	7
Grit ...	—	—	—	—	—	—	—
Other ...	2	—	—	—	1	—	3

Thirty-nine informal notices were served under Section 1 Clean Air Act, 1956, as a consequence of observed breaches of the law.

Under Section 16 of the Clean Air Act, five informal notices were served.

Improvement was carried out to a boiler plant during the year.

Smokeless Zones and Smoke Control Areas.

The Preston (Area No. 4) Smoke Control Order came into operation on 1st June, 1961. As a consequence 538 acres of the town including practically all the town centre and stretching south and west to the Ribble are now covered by operative orders.

In addition the Preston (Area No. 5) Smoke Control Order 1960 was confirmed by the Minister of Housing and Local Government on 3rd November 1961 and was due to become effective from 1st June, 1962. This area amounting to 87.25 acres covers the Longridge Trading Estate and adjacent land. The Corporation gave consideration in consultations with local coal merchants and regional and national fuel suppliers to difficulties associated with the supply of premium solid fuels and it is hoped that a material increase in this type of fuel will be available in the coming heating season.

In November 1961 a report was submitted to the Health Committee recommending the establishment of a sixth zone of smokelessness covering 136 acres in the Avenham area and extending southwards to the River Ribble. The area is immediately adjacent to and east of the No. 2 Smokeless Zone. A final decision on the report a precis of which is set out in Appendix A was deferred until the New Year.

The Council's policy of providing central heating in its high flats has made a very considerable contribution to the clearing of Preston's air and is a good example of far sighted progressive development in the provision of modern home amenities.

Prior Approval.

Five applications for prior approval of furnaces under Section 102 of the Preston Corporation Act, 1947 were received during the year relating to :

Steam Raising Plant	...	...	...	...	4
Metal Furnace	...	...	...	...	1
					—
					5
					—
involving—					
New Steam Raising Boilers	...	...	...	...	3
Second Hand Steam Raising Boiler	...	...	...	...	1
New Automatic Stoker to Existing Boiler	...	...	...	...	1
Metal Furnace	...	...	...	...	1
					—
					6
					—



Domestic smoke from Cottage Property



Smoke over Preston

The metal furnace was approved subject to a damper being fitted to the base of the flue.

In the case of the steam raising plant draught gauges were required to be fitted in one installation.

Clean Air Act, 1956, Section 3 (3).

Twenty-three notifications of intention to install in respect of twenty-seven boilers were received during the year.

Clean Air Act, 1956, Section 10.

Eight applications were received for approval of new chimneys.

Four of the applications were approved without modifications.

Three of the chimneys were approved subject to the height being increased in each case.

One metal chimney was approved subject to the height being increased and the stack being sleeved.

15. Heating Appliances (Fireguards) Act, 1952.

Heating Appliances (Fireguards) Regulations, 1953.

Constant watch is kept for contraventions of the above Act and Regulations and it has been necessary to issue warnings to dealers.

16. Public Conveniences.

Weighing machines are fitted in the four conveniences in Church Street, Earl Street and Birley Street. These conveniences are served each by an attendant and are fitted with basins provided with hot and cold water. Paper towels are provided. Linen towels can be obtained at a charge of twopence. Hot-air hand driers are also provided at these conveniences.

Hot and cold water is also laid on to Garstang Road, Kendal Street, Fylde Road/Victoria Street, Adelphi Street/Moorbrook Street, Grange Park, and The Serpentine Moor Park conveniences and hot-air hand driers are provided. Garstang Road convenience is staffed during the summer period.

The convenience in the Hartington Road Children's Playground was demolished during the year as it could not be brought back into use without extensive repair.

Damage to public conveniences cost the Corporation £463.10.5d. during 1961.

17. Pharmacy and Poisons Act.

In connection with the Pharmacy and Poisons Act, Part 2, registrations, 8 visits were paid to premises, mainly small mixed business shops seeking registration under the Act.

18. Hairdressers' Establishments.

Twenty-two additional registrations under Section 108, Preston Corporation Act, 1947 were recorded during the year.

In all, 71 visits were made in connection with the supervision of hygiene conditions in these establishments.

19. Fertilisers and Feedingstuffs Act, 1926.

Eight samples of feedingstuffs were taken during the year and the results are itemised in the following table :

Table 59. Feedingstuffs			
Class of Sample	Number Taken	FORMAL	
		Satisfactory	Unsatisfactory
Intensive layers, deep litter and battery pellets	1	1	—
Intensive, deep litter and battery mash	1	1	—
Intensive layers mash	1	—	1
Intensive growers mash	1	—	1
X.2 Dairy nuts	1	—	1
Matchless No. 2 Pig meal	1	1	—
Pig fattening meal	1	—	1
Sow and weaner meal	1	1	—
Total ...	8	4	4

The unsatisfactory results in each case showed slight percentage variations of oil protein or fibre from that given in the statutory statements, the differences from that allowed by the limits of variation varying from 0.05% to 0.65%. In each instance the Agricultural Analyst was of the opinion that the difference was unlikely to be to the prejudice of a purchaser.

Compounders of these feedingstuffs were visited, notified of these irregularities and asked to remedy.

20. Rag Flock and Other Filling Materials.

At the end of the year there were ten premises registered in accordance with Section 2 of the Rag Flock and Other Filling Materials Act, 1951.

Twelve samples of filling materials were taken during the year and the results are itemised in the following table :

Table 60.								
Class of Sample					Number of Samples taken	Satisfactory	Unsatisfactory	
Coir fibre	...	...	...	...	1	1	—	
Cotton felt	...	...	...	...	2	1	1	
Kapok	...	...	...	...	2	2	—	
Feathers	...	...	...	...	2	2	—	
Layered flock	...	...	...	...	3	3	—	
Rag flock	...	...	...	...	2	2	—	
Total					12	11	1	

The unsatisfactory cotton felt sample had a dust index of 2.3 which is in excess of the 1.8 maximum allowed by regulations. Warning letters were sent to the users and the manufacturers and the remaining stock was withdrawn.

Housing

Clearance of Unfit Houses.

Various considerations have determined a speeding of the rate of representation of unfit houses. The factors associated with delay in rehousing tenants from unfit property are complex and it was felt that if a quickened pace was applied wherever possible the bottlenecks would become more readily apparent and be more susceptible to curative action. Hitherto it has been the practice to feed into the pipe-line a number of houses just in excess of the number of available lettings but the rate of representation has now been increased and 503 properties were submitted to the Council during 1961. It is thought that this arrangement will be of help in speeding the replanning of the affected areas and the provision of more houses in the central areas of the town.

Clearance Areas.

Formal inquiries were held in respect of 274 unfit houses contained within three Compulsory Purchase Orders and a Declaration of Unfitness Order. Later in the year these orders were confirmed by the Minister with the following modifications in respect of the unfit houses, (a) one unfit house was determined as not being a house within the meaning of the Act and was transferred to part 11 of the order as a fit house ; (b) three houses represented as unfit were transferred to part 11 of the order as fit houses and (c) one unfit house was taken out of the order having been purchased by the Council prior to confirmation. Six unfit houses were taken out of a Compulsory Purchase Order and included in a Clearance Order under provisions of section 50.

Formal representation was made of seven separate groups of property totalling 486 houses, lying in the Pump Street, Newton Street, Water Lane, Leyland Street, Strand Street West, Gorst Street and Mount Street districts. These clearance areas cover 9.7 acres and at present house 498 families comprising 1,378 persons, equivalent to 2.77 persons per house. The areas were contained in the following orders, from which five houses were excluded, the Council having purchased.

Preston (Avenham No. 2) Compulsory Purchase Order, 1961.

Location : Within the general perimeter bounded by Avenham Lane to the north, Clarendon Street to the south, Oxford Street to the west and Berry Street to the east.

Acreage of land in order ...	...	...	7.6 acres
Acreage of "pink" property ...	...	...	2.72 acres
Housing density of unfit houses per acre			48.8
Number of unfit houses ...	...	...	132
Number of fit houses ...	...	...	185
Number of other buildings ...	...	...	6

Preston (Mount Street) Compulsory Purchase Order, 1961.

Location : Terraced properties lying on the western side of Mount Street which leads off the southern side of Fishergate.

Acreage of land in order ...	...	...	0.5 acres
Acreage of "pink" property per acre ...	...	...	0.32 acres
Housing density of unfit houses per acre	...	...	40.7
Number of unfit houses ...	...	...	13
Number of fit houses ...	...	...	5
Number of other buildings ...	...	...	—

Preston (Leyland Street, etc.) Compulsory Purchase Order, 1962.

Location : Lying to the south of Fylde Road and adjoining the main Lancaster railway line.

Acreage of land in order ...	...	...	0.42 acres
Acreage of "pink" property per acre ...	...	...	0.40 acres
Housing density of unfit houses per acre	...	...	45
Number of unfit houses ...	...	...	18
Number of fit houses ...	...	...	1
Number of other buildings ...	...	...	—

Preston (Strand Street West) Compulsory Purchase Order, 1962.

Location : Lying to the west of the junction of Watery Lane, Strand Road and Tulketh Road.

Acreage of land in order ...	...	...	0.144 acres
Acreage of "pink" property per acre ...	...	...	0.144 acres
Housing density of unfit houses per acre	...	...	56
Number of unfit houses ...	...	...	8
Number of fit houses ...	...	...	—
Number of other buildings ...	...	...	—

Preston (Water Lane, etc.) Compulsory Purchase Order, 1962.

Location : Lying between and east of the junction of Fylde Road and Water Lane.

Acreage of land in order ...	...	...	2.49 acres
Acreage of "pink" property per acre ...	...	...	1.1916 acres
Housing density of unfit houses per acre	...	...	58.74
Number of unfit houses ...	...	...	68
Number of fit houses ...	...	...	18
Number of other buildings ...	...	...	11

Preston (Pump Street, etc.) Compulsory Purchase Order, 1962.

Location: Lying on the east side of Park Road and to the south of Meadow Street.

Acreage of land in order ...	...	...	2.04 acres
Acreage of "pink" property per acre ...	...	...	1.552 acres
Housing density of unfit houses per acre	...	...	45.01
Number of unfit houses ...	...	...	70
Number of fit houses ...	...	...	9
Number of other buildings ...	...	...	2

Preston (Newton Street, etc.) Compulsory Purchase Order, 1962.

Location : Lying between Deepdale Road and Park Road with Edmund Street to the south and St. Paul's Square to the north.

Acreage of land in order ...	...	...	5.05 acres
Acreage of "pink" property per acre ...	...	...	3.6364 acres
Housing density of unfit houses per acre	...	...	47.84
Number of unfit houses ...	...	...	172
Number of fit houses ...	...	...	21
Number of other buildings ...	...	...	16

Individual Unfit Houses.

Formal representation was made and accepted by the Council in respect of 17 individual unfit houses under Section 16 of the 1957 Act. During the year the Council made 7 demolition orders and 12 closing orders under the Housing Act. Certificates of unfitness were issued in respect of 4 Council owned houses.

Two closing orders were made under Section 18 in respect of parts of buildings.

Closing orders in respect of four houses were revoked under Section 28 and substituted by demolition orders.

Eight houses as a consequence of demolition orders, one house the subject of a closing order and five Council owned unfit houses were demolished.

One formal undertaking to make a house fit for human habitation was accepted by the Council.

Table 62.
Number of houses, persons and families dealt with in Clearance Areas represented
to the end of 1961.

Year of Re- presenta- tion	Number of properties included			Total number of properties									Families and Persons Displaced from houses									
													Rehoused by Council				Otherwise Displaced				Total Families Displaced	Total Persons Displaced
	Unfit Houses			Fit Houses			Other Buildings			Unfit Houses		Fit Houses		Unfit Houses		Fit Houses						
	Unfit houses	Fit houses	Other buildings	Demol- ished	Empty	Occu- pied	Demol- ished	Empty	Occu- pied	Demol- ished	Empty	Occu- pied	Fami- lies	Persons	Fami- lies	Persons	Fami- lies	Persons	Fami- lies	Persons		
1951	21 (21)	— (—)	— (—)	21	—	—	—	—	—	—	—	—	19	69	—	—	2	5	—	—	21	74
1954	169 (169)	1 (1)	11 (11)	169	—	—	1	—	—	11	—	—	164	575	—	—	12	14	1	2	177	591
1955	268 (262)	13 (13)	18 (13)	262	—	—	13	—	—	13	—	—	221	619	13	29	50	82	3	7	287	737
1956	354 (354)	44 (44)	26 (26)	354	—	—	44	—	—	26	—	—	294	934	33	111	68	169	16	45	411	1259
1957	184 (177)	14 (9)	17 (11)	177	—	—	9	—	—	11	—	—	141	393	7	19	24	44	2	6	174	462
1958	370 (363)	71 (75)	27 (27)	341	22	—	74	1	—	22	—	5	315	953	53	139	61	150	21	49	450	1291
1959	307 (307)	82 (67)	34 (34)	121	109	77	20	21	26	3	1	30	182	570	21	53	49	96	14	41	266	760
1960	274 (269)	69 (70)	18 (17)	—	15	254	—	1	69	—	—	17	14	61	1	3	—	—	—	—	15	64
1961**	486 (—)	239 (—)	33 (—)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	2433(1922)	533 (279)	184 (139)	1445	146	331	161	23	95	86	1	52	1350	4174	128	354	266	560	57	150	1801	5238

** Orders made during 1961 are awaiting Ministerial confirmation.

NOTES : Figures shown in brackets are the number of properties in orders as confirmed after various modifications listed below.

- (1) From the representations and orders of 1955 (a) six houses represented as unfit and (b) five other buildings were taken out of the orders.
- (2) From the representations and orders of 1957 (a) six houses represented as unfit were taken out of the orders having been purchased by the Council prior to confirmation : (b) one house represented as unfit was determined as not being a house within the meaning of the Act and was placed in Part III of the order as an "other building" : (c) five fit houses and seven other buildings were taken out of the orders.
- (3) From the representations and orders of 1958 (a) two unfit houses were taken out of the orders having been purchased by the Council prior to confirmation: (b) five houses represented as unfit were transferred to Part III of the orders as fit houses: (c) part only of one unfit house was transferred to Part III of the order as an "other building" and (d) one fit house and one other building were taken out of the orders.
- (4) From the representations and order of 1959 fifteen fit houses were taken out of the order.
- (5) From the representations and orders of 1960 (a) one house represented as unfit was determined not to be a house within the meaning of the Act and was transferred to Part II of the order as an "other building": (b) three houses represented as unfit were transferred to Part II of the order as fit houses: (c) one unfit house, one fit house and one "other building" were taken out of the Orders having been purchased by the Council prior to confirmation and (d) one fit house and one "other building" were withdrawn from the orders at the request of the Council.
- (6) From the representations of 1961 five Council-owned unfit houses were excluded from the Orders.

Families Displaced.

The following table gives details of the families displaced during 1961 as a result of slum clearance procedure. 22.8% of the families displaced found their own alternative accommodation, evidence of the continued number of people adopting this method of rehousing and indicative of the easing of the general housing shortage.

Table 61.
Families displaced during 1961.

	Rehoused by Local Authority		Otherwise Displaced (Found own accommodation etc.)		Total
	Unfit houses	Fit houses	Unfit houses	Fit houses	All houses
Clearance Orders and Compulsory Purchase Orders	284	47	78	24	433
Individual Unfit houses ...	20	—	1	—	21
Total	304	47	79	24	454

Demolition.

A total of 453 premises comprising (a) 357 unfit houses, (b) 75 fit houses and (c) 21 other buildings were demolished during the year under review.

Most of this property was demolished under contract with the departments of the Borough Surveyor and Housing Manager.

Slum Clearance Progress.

It can be seen from Tables 62 and 63 that during the last eight years 2,613 unfit houses have been formally represented and from these 5,201 persons making up 1,779 families have been rehoused mainly in new houses possessing modern amenities. A further 541 fit houses have been included in Compulsory Purchase Orders and from these 504 persons making up 185 families have been rehoused.

Thus a total of 5,705 persons contained in 1,964 families have been rehoused as a result of Housing Act action taken since 1954.

At the end of 1961 there were 430 families occupying houses contained within confirmed and operative orders. A further 733 families are occupying houses awaiting confirmation and operation of orders.

The number of properties demolished as a consequence of orders made during the period 1954-1961 was (a) 1,525 unfit houses ; (b) 161 fit houses ; and (c) 86 other buildings, a total of 1,772 properties.

Table 63.
Number of houses, persons and families dealt with in Individual Unfit Houses during
period 1st January, 1954 to 31st December, 1961.

Type of Order, etc.	Total number of houses	Number of Houses			Families and Persons Displaced					Total Persons Displaced
		Demolished	Empty	Occupied	Rehoused by Council		Otherwise Displaced		Total Families Displaced	
					Families	Persons	Families	Persons		
Demolition Orders ...	92	76	14	2	68	231	25	56	93	287
Closing Orders ...	65	8	57	—	52	135	11	32	63	167
Undertakings not to use ...	8	1	7	—	5	15	1	2	6	17
* Undertakings to make fit ...	8	—	1	7	—	—	—	—	—	—
Compulsory purchase in lieu of Demolition Orders ...	2	—	—	2	—	—	—	—	—	—
Certificate of Unfitness (Council owned houses)	26	16	10	—	21	68	1	2	22	70
TOTAL ...	201	101	89	11	146	449	38	92	184	541

* Seven houses were subsequently made fit as a result of formal undertakings.

Repair of Unfit Houses.

During the year one formal and two informal notices were served under the Housing Act in respect of houses regarded as capable of being made fit at reasonable expense.

General repair of houses under Public Health Act procedure was also carried out and is referred to in the preceding chapter.

Improvement Grants.

Conditions of grants made under the House Purchase and Housing Act, 1959, include that after execution of the proposed works the dwelling will be in such a condition as not to be unfit for human habitation and is likely to remain in that condition for a period of not less than 15 years. Applications for grants are made through the Borough Surveyor, but certification by this department as to the fitness or otherwise of the houses concerned is called for.

Advice was sought as to the fitness of houses in respect of 37 applications for Discretionary Grants under the 1949 Act and 188 applications for Standard Grants under the 1959 Act. Four houses were considered unlikely to have a life of 15 years and a further eight houses were considered to be capable of being made fit at reasonable expense with a life of over 15 years. The remainder were considered fit in terms of the grant requests.

Housing Consolidated Regulations, 1925-1932.

The following table gives in tabular form the information required under Article 31 of the above regulations.

Table 64.
Housing Act, 1957.
Action taken in respect of unfit houses under the above Act.

Number of Inspections	...	...	...	...	...	...	...	2,211
Number of houses which on inspection were considered to be unfit for human habitation	...	...	...	...	...	...	...	508
Number of Representations made to the Council —								
(a) with a view to service of Notice requiring execution of works	...	...	...	...	...	...	...	1
(b) with a view to making of Demolition Orders, Closing Orders	...	...	...	...	...	...	...	17
(c) with a view to declaring Clearance Areas (Number of houses)	...	...	...	...	...	...	...	486
Number of notices served requiring execution of works —								
(a) informal	...	...	...	...	...	...	...	2
(b) formal	...	...	...	...	...	...	...	1
Number of houses rendered fit after service of —								
(a) informal notice	...	...	...	...	...	...	...	—
(b) formal notice	...	...	...	...	...	...	...	—
Number of Demolition Orders made under Section 17 of the Housing Act, 1957	...	...	...	...	...	...	...	7
Number of Closing Orders made under Section 17(1) of the Housing Act, 1957	...	...	...	...	...	...	...	12
Number of Closing Orders made under Section 18 of the Housing Act, 1957	...	...	...	...	...	...	...	2
Number of Undertakings accepted by the Council	...	...	...	...	...	...	...	1
Number of Council-owned houses certified as unfit	...	...	...	...	...	...	...	4
Number of houses demolished as a result of Orders made under Section 17 of the Housing Act, 1957	...	...	...	...	...	...	...	9
Number of houses demolished as a result of Clearance Orders	...	...	...	...	...	...	...	—
Number of Council-owned houses demolished (Certificates of Unfitness)	...	...	...	...	...	...	...	5
Number of houses demolished as a result of Compulsory Purchase Orders	...	...	...	...	...	...	...	418
Number of other buildings demolished as a result of Compulsory Purchase Orders	...	...	...	...	...	...	...	21

Overcrowding.

Table 65.
Overcrowding, 1961.

Number of complaints received	10
Number of complaints confirmed and referred to the Housing Committee	1
Number of complaints not confirmed	8
Number of complaints confirmed, but no action taken	1
Number of letters sent to abate overcrowding	—
Number rehoused while complaint was being investigated	—
Number rehoused by the Local Authority following reference	—

Rent Act, 1957.

The Inspectors made 59 visits in connection with Certificates of Disrepair.

Table 66.
Rent Act, 1957.
Certificates of Disrepair.

Number of certificates applied for	37
Number of certificates granted	37
Number of applications withdrawn	—
Number of certificates refused	2
Number of applications for revocation	2
Number of objections to revocation	1
Number of certificates revoked	2
Number of revocation certificates refused	—
Number of applications by landlord for certificates as to remedying of defects	3
Number of applications by tenant for certificates as to remedying of defects	—
Number of certificates as to remedying of defects recommended	
(a) Defects remedied	1
(b) Defects not remedied	2

Food and Drugs

Food Hygiene.

Prosecutions were successfully taken against a food handler for smoking whilst handling food under Regulation 9(e), Food Hygiene Regulations, 1960, and against a restaurant proprietor for a series of contraventions against the Food Hygiene Regulations 24 and 33, 23(1)(b), 23(1), 23(1)(a), 21, 19(1)(c), 17, 14(5), 6(1)(b), 6(1) Regulation 18. Fines of £3 and £40 respectively were imposed.

Table 67.
Hygiene in Food Premises.

Premises	Number of visits
Premises registered under Section 16 Food and Drugs Act, 1955 ...	91
Food hawkers and storage accommodation	17
Food shops	302
Food markets	397
Food preparing premises	212
Licensed premises	49
Registered dairies and bottled milk distributors	104
Premises re the inspection of food	39
	1,211

Table 68.
Repairs and improvements effected in food preparing premises.

Repair or Improvement	Number
W.C. accommodation provided, repaired or renewed	4
Floors repaired or renewed	10
Food preparing premises cleansed	7
Food storage provided or repaired	11
Hand washing facilities in food stores provided	22
Nuisances abated (general)	1
Plasterwork repaired or renewed	1
Sinks repaired or renewed	5
Walls repaired or renewed	3
Water service pipes repaired or renewed	2
Woodwork (general) repaired or renewed	14
Lighting and ventilation improved	5
Passages or yard surfaces flagged	1
Premises disinfected or cleansed	3
Windows repaired or renewed	14
Other work done	21

MILK.**Milk & Milk Sampling.**

Samples of milk were taken from all supplies of milk coming into the borough for sale in the raw state to determine the presence of tubercle bacilli. Table 69 shows all the samples to be satisfactory.

Table 69.			
Milk samples taken for biological examination.			
Class of milk sample	No. of samples taken	Tubercle bacilli	
		Absent	Present
Tuberculin Tested	9	9	—
T.T. (Farm bottled)	61	61	—
T.T. (Farm bottled) (Channel Island) ...	17	17	—
Totals	87	87	—

Table 70 shows the samples examined for brucellosis.

Table 70.						
Milk samples taken for Brucellosis.						
Class of Milk Sample	No. of samples taken	Ring Test		No. of samples taken	Culture or Inoculation	
		Absent	Present		Absent	Present
Tuberculin Tested ...	12	7	5	11	9	2
Tuberculin Tested ... (Farm bottled)	62	35	25	59	53	6
Tuberculin Tested ... (Farm bottled) (Channel Island)	17	12	5	17	13	4
Totals	91	54	35	87	75	12

Forty samples from which brucellosis was found to be present were from sixteen milk producers and seven were from farm milk supplies before pasteurisation.

Twelve of the positive ring test results were from eight milk supplies for sale as raw designated milk. In each instance the culture or inoculation results produced negative results.

Twenty-six of the positive results were from seven milk supplies of raw designated milk coming into the borough. In these instances the producers' premises were situated outside the borough and the respective Medical Officers of Health were notified. In two of these cases milk is now all sent for pasteurisa-

tion, in four cases follow-up samples are producing satisfactory results, whilst the remaining one was under investigation at the end of the year.

Two of the positive results were from a supply of raw designated milk from one producer in the borough. This was also under investigation at the end of the year. One cow was found to be affected and this milk now goes for pasteurisation. Follow up samples are proving satisfactory.

Table 71 shows the number of samples taken for bacteriological examination. The results of unsatisfactory samples obtained from known farm supplies, or producer/retailers are passed to the Divisional Milk Officer of the Ministry of Agriculture, Fisheries and Food for investigation at source.

Table 71.							
Milk samples taken for bacteriological examination.							
Class of milk sample					No. of samples taken	Methylene Blue test	
						Passed	Failed
Tuberculin Tested	...	...	...	...	12	10	2
T.T. (Farm bottled)	...	...	...	...	63	54	9
T.T. (Farm bottled) (Channel Island)	...	...	...	...	16	15	1
Pasteurised	...	...	...	...	6	6	—
T.T. (Pasteurised)	...	...	...	...	5	5	—
Totals					...	...	...
					102	90	12

In addition to the above samples 14 pasteurised and 2 tuberculin tested milks were also submitted for plate count tests. These samples were taken from various points in a pasteurising plant and were found to be satisfactory.

A total of 303 samples of milk were submitted to the Public Analyst for chemical analysis. These are summarised in Table 72.

Table 72.						
Milk samples taken for chemical analysis.						
Class of milk sample	No. of Samples taken	Informal		Formal		
		Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	
Tuberculin Tested	53	25	4	13	11	
T.T. (Farm bottled)	17	5	1	11	—	
T.T. (Pasteurised)	40	20	—	20	—	
Pasteurised (Channel Island)	8	8	—	—	—	
Pasteurised	117	89	2	26	—	
Sterilised... ..	68	61	—	7	—	
Total	303	208	7	77	11	

Twelve of the unsatisfactory samples contained extraneous water ranging from 0.1% to 19.1%. Two samples showed fat deficiencies of 1.6% and 6.6%. Two samples contained 6 and 1 parts per million respectively of sodium chlorate one sample contained 87 milligrams of wood chips.

Six warning letters were sent to producers regarding extraneous water and fat deficiencies. In the case of milk containing sodium chlorate the producer was warned and the Divisional Milk Officer of the Ministry of Agriculture, Fisheries & Food investigated the matter at source.

In the case of milk containing wood chips it was established that they had gained access to the milk on the complainant's own premises.

One producer was successfully prosecuted under Section 32, Food and Drugs Act, 1955, for selling to the Milk Marketing Board, milk to which water had been added. A fine of £25 and costs was imposed.

In all instances follow up samples were satisfactory.

Table 73. Milk samples taken for Phosphatase, Methylene Blue and Turbidity Tests.							
Class of sample	No. of samples taken	Phosphatase		Meth. Blue		Turbidity	
		Passed	Failed	Passed	Failed	Passed	Failed
Pasteurised	96	96	—	96	—	—	—
T.T. (Pasteurised) ...	23	23	—	23	—	—	—
(Pasteurised— Channel Island)	6	6	—	6	—	—	—
Sterilised	65	—	—	—	—	65	—
Totals	190	125	—	125	—	65	—

Dairies and Milk Distributors.

At the end of the year there were 18 premises registered as dairies. The owners of two of these dairies and one dairy farmer hold licences to pasteurise milk under the Milk (Special Designations) Regulations. Seven distributors of milk are registered to operate from registered dairy premises.

Two hundred and sixty-eight distributors are registered for the sale of bottled milk at shops. There are also approximately twenty distributors operating from premises outside the borough and approximately fourteen dairy farmers are known to be retailing milk in the borough.

The two pasteurising plants situated in dairies are of the "High temperature short time" type, whilst one "Holder" type plant is situated at a dairy farm.

Miscellaneous Samples.

Two hundred and eighty-one samples were submitted for bacteriological examination and one hundred and forty-five for chemical analysis. These are summarised in the four subsequent tables.

Table 74. Miscellaneous samples taken for bacteriological examination						
Class of Sample				Number of Samples taken	Satisfactory	Unsatisfactory
Milk bottle rinses	...	...	...	99	95	4
Double Cream	...	...	...	33	24	9
Dairy Cream	...	...	...	7	7	—
Tinned Salmon	...	...	...	9	18	1
Salmon Paste	...	...	...	1	1	—
Beef Sausages	...	...	...	14	13	1
Pork Sausages	...	...	...	14	14	—
Meat Pies	...	...	...	4	4	—
Roast Ham	...	...	...	1	—	—
Meat	...	...	...	2	2	—
Gelatine	...	...	...	1	1	—
Wheat Flour	...	...	...	3	3	—
Orange drink	...	...	...	3	3	—
Swabs from kitchen equipment	...	...	...	9	9	—
Well water	...	...	...	5	5	—
Town's water	...	...	...	4	4	—
Totals ...				219	203	16

ICE CREAM.

At the end of the year there were twelve registered manufacturers of ice cream in the borough.

The unsatisfactory results were investigated and the follow up samples were satisfactory.

Table 75.						
Ice Cream and Ice Lolly samples taken for bacteriological examination						
Class of sample	No. of samples	Methylene Blue		P.H. Value		
		Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	
Dairy Ice Cream	6	6	—	—	—	
Dairy Ice Cream Mix	1	1	—	—	—	
Ice Cream	45	37	8	—	—	
Ice Cream Lollipops	7	7	—	7	—	
Ice Lollies	3	—	—	3	—	
Totals	62	51	8	10	—	

Table 76.
Ice cream samples taken for chemical analysis

Class of sample	Number of samples taken	Satisfactory	Unsatisfactory
Ice Cream	7	7	—
Dairy Ice Cream	1	1	—

Table 77.
Miscellaneous samples taken for chemical analysis.

Class of sample	Number of samples taken	Satisfactory	Unsatisfactory
Miscellaneous foods	16	16	—
Fresh fruits	13	13	—
Tinned fish	6	6	—
Tinned fruits	4	4	—
Tinned meats	3	3	—
Tinned peas	4	4	—
Tinned vegetable juices	1	—	1
Tinned F.C. Condensed milk	3	3	—
Soft drinks	4	3	1
Fats including margarine	14	14	—
Biscuits	6	6	—
Double Cream	7	7	—
Whey Cream	1	1	—
Butter	10	10	—
Whey Butter	2	2	—
Preserves and Jellies	10	10	—
Bread	3	3	—
Sweets and Sugar Confectionery	6	6	—
Fish Paste	2	2	—
S.R. Flour	2	2	—
Patent medicines	2	2	—
Cut mixed peel	2	2	—
Potted meat	1	—	1
Part filled bottle of lemonade	2	—	2
Sugar	1	1	—
Slimming biscuits	1	1	—
Coffee and coffee extracts	5	5	—
Tea	2	2	—
Mixed Pickles	1	—	1
Dried Fruits	3	3	—
Totals	137	131	6

Details of Unsatisfactory Samples.

The mixed pickles were incorrectly labelled and the packers agreed to amend the label.

The tinned vegetable juice (imported) contained 4.5 mgms./oz. of vitamin C instead of 5 mgms./oz. declared on the label. The importers and packers were informed.

The potted meat contained 27.1% added water and a small amount of gelatine and would be better described as a beef brawn suitable for slicing. The seller agreed to amend his description.

The unsatisfactory soft drink was an orange drink containing 1,800 p.p.m benzoic acid. Investigations showed the large excess was due to an employee at the manufacturers introducing pounds instead of ounces of benzoic acid when preparing the orange juice base. All stocks of orange drink and orange juice base were withdrawn immediately and destroyed.

One part bottle of lemonade had an unpleasant odour which was due to traces of phenol on the screw stopper. The attention of the packers was drawn to the possible use of dirty stoppers.

The other part bottle on examination was found to contain an aqueous solution of caustic soda. This sample was analysed during an investigation into the sale of shandies which it was alleged burnt a customer's mouth. A warning letter emphasising the necessity to take extreme care with dangerous fluids was sent to the innkeeper. It was also noted that a label on a flagon of caustic cleaning fluid was not marked in accordance with the Pharmacy & Poisons Act. This irregularity was dealt with by the Lancashire County Council.

Wholesale Fish Market.

In all a total of 40 visits were paid by Public Health Inspectors to the fish siding which is located on land owned by British Railways in Butler Street.

The nature of the premises has changed in recent years. What was a large wholesale market has now mainly become a number of commission agents who pass on fish sent by the ports for the local retailers.

The visits have been to advise agents on edibility of consignments of doubtful quality or in connection with the general hygiene of the premises.

This last is the cause of some concern. The structures in which business is done are for the most part old and dilapidated and consequently difficult to maintain in a thoroughly clean condition. This is not helped by a general absence of hot water for cleaning down purposes.

Retail Markets.

Regular visiting of the retail markets on a rota basis is carried out by the Public Health Inspectors, in all 357 visits and inspections being carried out during the year.

In the main the stall holders are fully co-operative but from time to time some do find themselves at variance with Food Hygiene Regulations. No prosecutions have been taken during the year but verbal and written warnings on various aspects of the law have had to be given.

Fourteen written warnings have been issued either for more serious contraventions or to persons detected on several occasions committing similar contraventions. Besides these, on 140 occasions it has been necessary to speak to stall holders and give verbal warnings for minor infringements. The usual types of offence necessitating such action have been failure to display names and addresses, food placed on the ground, incorrect labelling of foods, etc.

Placing of foods on the ground is generally blamed on the lack of facilities and confined space provided. There is no doubt that conditions on the retail markets do not lend themselves to modern hygienic practice.

MEAT.

The Veterinary Officer and Meat Inspectors made visits as under :—

Table 78.								
Visits made by Veterinary Officer and Meat Inspectors.								
							Veterinary Officer	Meat Inspectors
Visits to public slaughterhouses	...	...	...	...			415	262
Visits to private slaughterhouses	...	...	...	...			5	—
Visits to food markets	...	...	...	...	...	...	—	1
Visits to cattle market and sale yard	...	...	...	...			—	1
Visits to shops, stores, etc., to inspect fresh meat brought into the borough	...	...	...	...	...	...	8	4
Visits to other premises	...	...	...	...	...	...	13	—
Visits re Merchandise Marks Act	...	...	...	...			1	—
Visits re Contagious Diseases of Animals Act	...	...	...	...			1	—
Number of cattle floats inspected	...	...	...	...			—	36

Slaughter of Animals Act, 1958.

The number of licensed slaughtermen at the year end was 35. No action has been necessary under the Act.

Public Abattoir.

Table 79.					
Number of animals killed and inspected.					
Year		Cattle	Sheep	Pigs	Calves
1961	...	8,741	42,894	4,265	122
1960	...	7,818	34,732	3,713	152
1959	...	6,768	34,144	4,384	180
1958	...	7,818	27,920	7,261	225

Table 80.
Casualties (included in figures in Table 79).

Year	Cattle	Sheep	Pigs	Calves
1961	65	90	162	31
1960	93	70	232	29
1959	109	175	357	41
1958	173	145	459	44

A good standard of animals killed for meat in the Borough has again been maintained and an appreciable amount of meat has been of exhibition quality.

Plans are being finalised for a new abattoir and it is expected that building will commence in late summer of 1962. This development is likely to ensure that the good quality of meat being handled in Preston is handled under the best possible circumstances, and is being sold to the public as a top quality product.

Although tuberculosis is officially eradicated in this country occasional cases still occur, most of these being amongst imported Irish cattle.

Private Slaughterhouses.

One private slaughterhouse is licensed in the Borough, but this ceased to operate in January. 81 pigs were killed and only 8 lbs. of meat were unfit for consumption.

Table 81.
Number of animals killed and inspected

Year	Cattle	Sheep	Pigs	Calves
1961	—	—	81	—
1960	1,129	3,596	2,440	1
1959	1,347	4,732	2,631	—

Meat Marking.

All cattle, sheep and pigs passed as fit for human consumption are stamped. Meat condemned is marked as such and any meat for further inspection is detained by a notice attached to it.

Fresh Meat coming into the Borough from other areas.

It is not possible to examine all meat sold to retail shops in the Borough. It is presumed fit for human consumption. Visits are made to retail shops and no meat has been found to be unfit.

Table 82.
Carcases and Offal inspected and condemned in whole or in part.

	Total Cattle	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	8,741	5,035*	3,706*	122	42,894	4,265	—
Number inspected	8,741	5,035*	3,706*	122	43,142	4,307	—
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCOSIS							
Whole carcases condemned	—	7	24	32	78	127	—
Carcases of which some part or organ was condemned	—	1,625	917	4	1,796	328	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	—	32.3	25.4	29.5	4.3	12.9	—
TUBERCULOSIS ONLY							
Whole carcases condemned	—	2	1	—	—	1	—
Carcases of which some part or organ was condemned	—	48	11	—	—	47	—
Percentage of the number inspected affected with tuberculosis	—	0.95	.3	—	—	1.1	—
CYSTICERCOSIS							
Carcases of which some part or organ was condemned	—	30	6	—	—	—	—
Carcases submitted to treatment by refrigera- tion	—	30	6	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—	—

*Estimated Figures

Public Health (Meat) Regulations.

The general handling of meat is fairly satisfactory and a constant watch is kept to prevent any breach of the Regulations. Some regulations regarding hygiene, etc. now operating in other areas of the country will not be in force in the Borough until the completion of the new abattoir renders compliance possible.

Meat Inspected other than that slaughtered in the Borough.

Periodic visits are made to wholesalers, cold stores, etc., to inspect meat received from outside areas, including both fresh and frozen meat. No cause for complaint has been discovered.

DISEASES OF ANIMALS ACTS AND ORDERS.

Anthrax Order, 1938.

There has been nothing to report under this Order in the Borough during the year ; only occasional suspect animals have been examined and declared negative.

Foot and Mouth Disease Order, 1938.

There were no outbreaks of foot and mouth disease in Preston or district during the year, but widespread outbreaks occurred in the country, mainly related to numerous outbreaks occurring during the latter part of the previous year. From 17th to 23rd February all Lancashire was declared a controlled area, movement only being permitted on licence. Only sales of fatstock for immediate slaughter were allowed and only one fatstock sale was held during this period. Three persons were cautioned for moving stock into the fatstock market without a licence. Owing to some cattle arriving in the abattoir from a place subsequently found affected with foot and mouth disease the abattoir was closed from the evening of 27th February until 3rd March. All the stock therein were immediately slaughtered and the abattoir was emptied, cleansed and disinfected. Business was resumed in the afternoon of 3rd March.

Atrophic Rhinitis Order, 1954.

Nothing relative to this Order occurred in Preston or the vicinity.

Diseases of Animals (Waste Foods) Order, 1957.

Swill plants licensed by the Council under this Order have been inspected periodically and the licensees have been complying with the Order.

Sheep Scab Order, 1938.

This disease has been eradicated for some years now, and on the advice of the Ministry of Agriculture the regulations regarding the compulsory dipping of sheep made by the Council were revoked on 2nd November, 1961. Although there is no compulsory dipping of sheep many owners, irrespective of the Regulations, frequently dip sheep for their own benefit.

Swine Fever Order, 1938.

Pigs affected with swine fever (probably incubating) appeared to have passed through Preston pig sale on May 24th. As a result of tracing these pigs, numerous premises were put under restrictions. From 12th June to 5th October, 1961, Lancashire was declared to be an infected area. Only fat pigs sold for immediate slaughter were allowed in the Market under licence, and 6 persons were cautioned for moving pigs without a licence.

On two occasions in June a casualty pig was sent into a Preston abattoir and suspected of being affected with swine fever. Appropriate action was taken, as on previous occasions, to cleanse and disinfect the premises. The disease was subsequently confirmed on the premises of origin of these pigs.

Movement of Swine Order, 1954-1959.

All pigs leaving the Market must be licensed to their destination. 3,236 licences were issued in respect of 51,880 pigs passing through the Market. One person was fined £3 in each of two cases of offences under this Order.

Warble Fly Order, 1948.

No offences against the Order were detected and there again appears to be a slight decrease in the amount of infestation with this parasite.

Tuberculosis Order, 1938.

Bovine tuberculosis is now declared eradicated although occasional reactors to the tuberculin test are found, in some cases due to the human bacillus. No action has been necessary under the Order.

Market Sales and Lairs Order, 1925.

There is nothing to report under this Order. The Market is cleansed effectively after each sale.

Transit of Animals Order, 1927-1947.

No offences requiring prosecution under this Order have occurred during the year, but verbal cautions have been given to numerous people in respect of calves arriving at the Market in bad condition. Altogether, 9 calves, 3 pigs and 2 cows were detained in the Market as unfit to travel and slaughtered at the abattoir.

Number of vehicles cleansed and disinfected ...	...	...	3,411
Number of vehicles inspected ...	...	...	36

Importation of Dogs and Cats Order.

There is nothing to report under this Order.

Transit of Horses Order, 1951.

There is nothing to report under this Order.

Animals (Landing from Ireland, Channel Islands and Isle of Man) Order, 1938.

No imported cattle were licensed to the Market for sale. 192 licences were received in respect of 1,470 Irish cattle and 105 Irish sheep which were all slaughtered at the abattoir.

Fowl Pest Orders, 1936-1954.

Three outbreaks of this disease occurred in the Borough during the year which were dealt with by the Ministry of Agriculture officials.

Poultry (Exposure for Sale) Order, 1937.

As no poultry sales have been held during the year in the Borough there is nothing to report under this Order.

Protection of Animals Acts, 1911-1912.

Two offences against this Act resulted in prosecutions. One person was fined £25 and £6.5.0d. costs for neglecting a horse and 2 juveniles were conditionally discharged for cruelty in shooting pigeons. Numerous verbal cautions were issued for minor offences in the Market and Borough generally.

Table 83.
Details of markets held.

	Number of Sales	Number of Visits
Store Cattle and Sheep	47	47
Dairy Cattle	52	52
Fatstock Sales (Cattle, Calves)	52	52
Fatstock Sales (Pigs)	52	52
Fatstock Sales (Sheep)	52	52
Store Pigs	34	34
Horse Sales	8	8
Poultry Sales	—	—
Special Sales (Cattle)	3	3
Special Sales (Pigs)	1	1

Table 84.
Animals passing through market.

	1961	1960	1959	1958
Attested and Non-Attested Cattle	7,679	8,352	7,911	8,809
Fat Cattle	20,257	17,748	16,583	16,513
Sheep	45,780	41,757	34,880	26,890
Calves	17,317	16,901	15,047	13,455
Fat Pigs	31,730	31,076	29,829	36,357
Store Pigs	19,771	22,371	27,010	43,357
Horses	221	326	305	336

The number of animals passing through the Market has remained comparatively steady except for an increase in the number of fat cattle and sheep. This reflects the growing importance of this Market as a fatstock centre.

Port Health Administration.

Port Health District.

The Port Health District of Preston extends from Formby Point on the south to a point 2,350 yards south of the Victoria Pier, South Shore, Blackpool, on the north. The dock, which is 3,200 feet long by 600 feet wide, covers 40 acres and is approached by the entrance basin, 850 feet long by 300 feet wide, an area of $4\frac{3}{4}$ acres.

The communicating locks are 550 feet long and 66 feet wide, with a depth of 29 feet 6 inches at high water ordinary spring tide. The dock is situated within the county borough and is about 16 miles along the River Ribble from the sea.

The quays are over $1\frac{1}{2}$ miles long. There are 170 acres of storage ground and 61,525 superficial yards of covered floor space.

Easy access by road and rail facilitates cargo handling.

Samples of drinking water taken from ships' tanks revealed the unsatisfactory state of 26% of the tanks tested. Greater care in cleaning and maintenance is required to improve the standard. Check samples were taken after cleaning a tank and if a fault in the vessel's structure or operation was found to have caused the trouble, the attention of the Master or owner was drawn to it.

Further increases in sailings and services were the result of more cargo being moved to and from Ireland by the vehicle and container services. A new Drogheda-Preston service commenced in the year.

Progress was made in the modernization of the dock drainage system, but much remains to be done.

Only one stowaway was found ; he was on board a vessel from the West Indies.

Co-operation by Her Majesty's Customs Officers, The Trinity House Pilots, the officials and staff of the Ribble Navigation and Preston Dock Undertaking, the shipping agents and others who have been contacted about various matters, has assisted in the smooth working of the Port Health Service.

Section I—Staff.

Table 85. Staff				
Name of Officer	Nature of Appointment	Date of Appointment	Qualifications	Any other appointment held
J. S. G. Burnett ...	Port Medical Officer	1.2.49	M.D., D.P.H.	Medical Officer of Health
R. G. Murray ...	Deputy Port Medical Officer	12.5.60	M.B., Ch.B., D.P.H.	Deputy Medical Officer of Health
N. M. Sampson ...	Port Health Inspector	3.3.58	Cert. R.S.I. Dip. Insp. Meat and Food	District Public Health Inspector
F. Yates ...	Deputy Port Health Inspector	17.7.55	Cert. R.S.I. Cert. Meat and Food	Housing Inspector Public Health Inspector

ADDRESS AND TELEPHONE NUMBER OF THE MEDICAL OFFICER OF HEALTH :

Health Department, Municipal Building, Preston.

Telephone No.—Preston 4881.

PRIVATE ADDRESS :

Brook House, 252 Garstang Road, Fulwood, Preston.

Telephone No.—Preston 77784.

Section II—Amount of Shipping entering the district during the year.

Table 86. Ships entering the district during the year.					
Ships from	Number	Tonnage	Number inspected		Number of ships reported as having or having had during the voyage infectious disease on board
			By the Medical Officer of Health	By the Port Health Inspectors	
Foreign ports ...	382	271,048	23	377	1
Coastwise	1,880	1,083,107	—	191	—
Total ...	2,262	1,354,155	23	568	1

Section III—Character of Shipping and Trade during the year.

Table 87.						
Character of Shipping and Trade during the year.						
Passenger Traffic	Number of passengers INWARDS...			...	...	5,033
	Number of passengers OUTWARDS			...	...	5,167
Passengers to and from foreign ports:—				Foreign ports		Irish Ferry service
Passengers in:—						
Alien				3	}	5,018
British				12		
Passengers out:—						
Alien				3	}	5,157
British				7		
Cargo Traffic.						
Principal Imports.						
Asphalt rock, bacon, bananas, bitumen, canned goods, china clay, citrus fruits, cloth goods, coconuts, confectionery, eggs, fertiliser, fish, flour, fuel oils, grain, hardboard, hides, lard, meat, milk, milk products, petroleum, potatoes, poultry, potash, scrap iron, shell grit, starch, stone, styromonomer, sulphur, timber, turf, vehicles, wax, wood pulp.						
Principal Exports.						
Barbed wire, canned goods, cloth goods, coal, coke, cotton, fruit, fuel oils, furniture, iron and steel, machinery, nut oil, pitch, radio equipment, salt cake, scrap iron, tar, vehicles.						
Total imports		1960	1,075,538 tons.			
Total exports		1960	663,888 tons.			
Total imports		1961	1,086,467 tons.			
Total exports		1961	609,015 tons.			
Principal ports from which ships arrive —						
Foreign —						
North America :		Everett, Houston, New York, St. John N.B., Vancouver, West Point, Windsor, N.S.				
Antilles :		Grenada, Kingstown, Port Castries, Port of Spain, Portsmouth, Roseau, St. George, St. Vincent, Vieux Fort.				
Belgium :		Antwerp, Brussels.				
Denmark :		Copenhagen, Frederiksund, Koge.				
Finland :		Helsingfors, Jacobstad, Kemi, Kotka, Mantyluoto, Oulo, Pori, Rauma, Topilla, Turku, Vasa, Xtpilia.				
France :		Bayonne, Blaye, Bordeaux, Brest, Cette, Dieppe, Le Treport, Lorient, Nantes, Port Jerome, Sables d'Olonne, St. Nazaire.				
Germany :		Bremen, Hamburg, Wismar.				
Holland :		Amsterdam, Delfzyl, Groningen, Rotterdam.				
Norway :		Aalesund, Arendal, Bergen, Drammen, Fredrikstad, Haugesund, Kragero, Kristiansund N, Larvick, Lousnes, Mo-i-Rana, Namsos, Narvik, Oplo, Oslo, Porsgrunn, Skien, Stavanger, Tofte, Tredestrand, Tromso, Trondheim.				
Poland :		Gdansk, Gdynia, Stettin.				
Sweden :		Domsjo, Gefle, Gothenburg, Halmstad, Helsingborg, Hernosand, Hudiksvall, Karlsborg, Karlshamm, Karlstad, Malmo, Norrkoping, Oskarshamm, Pitea, Sundsvall, Westervick.				
U.S.S.R. :		Archangel, Igarka, Kaliningrad, Leningrad, Murmansk, Onega, Tallin.				
British Isles—						
Belfast, Cork, Coryton, Drogheda, Dublin, Dundalk, Fawley, Fowey, Greenore, Heysham, Larne, Liverpool, Londonderry, Manchester, Milford Haven, Par, Penmaenmawr, Plymouth, Ramsey, Swansea.						

There was little change in cargoes arriving in the port, or ports from which ships arrive.

Constant watch was kept on the foodstuffs on the ferry and container services with Northern Ireland and Eire.

Section IV—Inland Barge Traffic.

There is no inland barge traffic from or to the Port of Preston.

Section V—Water Supply.

1. Source of supply for—

(a) THE DISTRICT.

The district receives its water from the Preston and District Water Board, and is an upland surface water derived from the gathering grounds in the Forest of Bowland. The water is of good quality, well suited for drinking and domestic purposes.

(b) SHIPPING.

Shipping is supplied with water from the district supply by means of a hose from a shore hydrant.

2. Reports of Tests for Contamination.

Samples are taken from taps and hydrants on the district and tanks, drinking water taps and galley taps on board ships, as a routine procedure and otherwise when necessary.

Table 88.
Water Samples.

From	Type	Number	Results	
			Satisfactory	Unsatisfactory
Vessels	Bacteriological ...	69	38	31
Vessels	Chemical	—	—	—
Dock Estate ...	Bacteriological ...	3	3	—
Dock Estate ...	Chemical	1	1	—
		73	42	31

The 31 unsatisfactory bacteriological samples were from 18 different water tanks, thus 26% of tanks tested were in an unsatisfactory condition. Ten of these 18 were in good condition when check samples were taken on later voyages. The remainder were not available for sampling.

3. The supply of water to shipping is under the direct control of the Port Authority who employ a special staff for this purpose. All precautions necessary to prevent contamination of hoses and hydrants are taken.
4. There are no water boats in the Port of Preston.

Section VI—Public Health (Ships) Regulations, 1952.

1. List of Infected Areas.

The list of infected areas is prepared from, and amended as necessary, with details obtained from the World Health Organisation in the Weekly Epidemiological Record and is drawn up in the form of the list supplied. Copies of the list are supplied to the Trinity House Pilotage Office, Preston, and H.M. Waterguards Office, Preston.

2. Radio Messages.

Preston is not a radio transmitting or receiving port.

3. Notification otherwise than by Radio.

The Port Medical Officer is notified by telephone of any untoward circumstances on board an incoming vessel after such details have been passed to the Port Authority's barge at Lytham.

Cases of sickness are dealt with by the Boarding Medical Officer.

4. Mooring Stations.

By agreement with the Port Authority arrangements exist for the breasting off of any ship at the discharging berths allocated, where such action is considered necessary by the Port Medical Officer. This is done by placing one of the barges of about 20 feet beam which are always available between the vessel and the quay, whilst the vessel is subjected to the prescribed measures.

This arrangement obviates the necessity of moving the vessel from one berth to another and facilitates the discharge of her cargo whether during or when freed from control.

5. Arrangements for—

(a) Hospital accommodation for infectious diseases.

All cases of infectious disease other than smallpox are removed to Deepdale Hospital, Blackpool Road, Preston.

(b) Surveillance and follow-up of contacts.

Surveillance is carried out as suggested in Section 18(2) and Section 37 of the Public Health (Ships) Regulations, 1952.

(c) Cleansing and disinfection of ships, persons, clothing and other articles.

The cleansing and disinfection of ships is carried out under the supervision of the Port Health Inspector. Clothing, bedding, etc. are removed in the Health Department's disinfection vehicles to the Disinfection Station at Argyll Road for steam disinfection.

Arrangements are also in existence for persons to be cleansed and disinfected at Cuttle Street Clinic and Ellen Street Cleansing Station and for clothing to be disinfested at Argyll Road Disinfestation Station.

Section VII—Smallpox.

(1) The reception of smallpox cases into hospital is in the hands of the Regional Hospital Board who advise as to which hospital is available for such purpose. Normally, Ainsworth Hospital, Bury, is retained as the first regional hospital to admit cases of smallpox.

(2) Smallpox cases would be removed by ambulance belonging to Preston Corporation. The vaccinal state of the crews of these ambulances is the responsibility of the Medical Officer of Health of the County Borough of Preston.

(3) SMALLPOX CONSULTANTS :

Dr. C. Metcalfe Brown, Town Hall, Manchester.
Manchester Central 3377 and Ringway 4273 (Home).

Dr. D. C. Liddle, Monsall Isolation Hospital,
Newton Heath, Manchester 10.
Collyhurst 2254 and Collyhurst 1944 (Home).

Dr. E. R. Peirce, 8 Grosvenor Road, Cressington Park, Liverpool 1.
Garston 1236.

Professor A. B. Semple, Health Department, Hatton Garden,
Liverpool 3.
Liverpool Central 8433 and Gateacre 2081 (Home).

(4) Facilities for the laboratory diagnosis of smallpox are available at the Liverpool School of Tropical Medicine under the direction of Professor Downie.

Section VIII—Venereal Disease.

Leaflets giving the undermentioned information as to location, days and hours of available facilities are distributed by the inspectors when vessels are visited :—

“The Venereal Disease Clinic at the Preston Royal Infirmary is open at the following times :—

Tuesday	...	...	5 p.m.—7 p.m.	Women.
Wednesday	...	...	5 p.m.—7 p.m.	Men.
Thursday	...	...	2 p.m.—4 p.m.	Women.
Friday	...	...	5 p.m.—7 p.m.	Men.

Male patients from ships likely to sail before the next male clinic will also be seen on Tuesdays or Thursdays.”

A supply of glass slides has been issued to ships regularly using the port so that where a suspicion of the disease arises at sea a smear can be made at once and taken to the clinic when the ship arrives in Preston.

32 seamen attended for treatment at the clinic for the first time during the year.

Section IX—Cases of notifiable and other infectious diseases on ships.

Table 89. Cases of notifiable and other infectious diseases on ships.				
Category	Disease	Number of cases during the year		Number of Ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports	Nil	Nil	Nil	Nil
Cases which have occurred on ships from foreign ports but have been disposed of before arrival ...	Pneumonia	Nil	One	One
Cases landed from other ships ...	Nil	Nil	Nil	Nil

No case or suspected case of smallpox, cholera, plague, yellow fever, typhus or relapsing fever occurred during the year.

The Master of a vessel bound for Preston was landed in the West Indies suffering from pneumonia.

Section X—Observations on the occurrence of malaria in ships.

No case of malaria occurred during the year.

Section XI—Measures taken against ships with or suspected for plague.

No ship infected with or suspected of carrying plague arrived during the year. In the event of such an occurrence, action in accordance with the measures outlined in Part 1 of the Fourth Schedule of the Public Health (Ships) Regulations, 1952, would be pursued.

Section XII—Measures against rodents in ships from foreign ports.**(1) PROCEDURE FOR INSPECTION OF SHIPS FOR RATS.**

All foreign-going vessels are inspected in the following sequence :

- (a) Vessels from infected ports.
- (b) Vessels from non-infected ports.
- (c) Foreign-going vessels that have arrived from another port in the British Isles.

A rodent operator sets traps on vessels where evidence of rats is found and revisits these and other vessels from foreign ports while cargo is being discharged.

(2) ARRANGEMENTS FOR THE BACTERIOLOGICAL OR PATHOLOGICAL EXAMINATION OF RODENTS, WITH SPECIAL REFERENCE TO RODENT PLAGUE.

Rodents caught are placed in muslin bags, dipped in paraffin, labelled and despatched to the Public Health Laboratory, Preston.

During the year 3 rats from vessels were forwarded for examination. No evidence of plague was found.

(3) ARRANGEMENTS IN THE DISTRICT FOR DERATTING SHIPS.

The deratting of vessels prior to the issue of Deratting Certificates may be affected with hydrogen cyanide or sodium fluoroacetate.

The following contractors have intimated their willingness to operate in the port :—

Associated Fumigators (Northern) Ltd., Liverpool.

Croftbank Chemical Co. Ltd., Oldham.

Disinfestation Ltd., Birkenhead.

Hivey Fumigation Co. Ltd., Liverpool.

Irlam Insecticides, Liverpool.

(4) PROGRESS IN THE RAT-PROOFING OF SHIPS.

Rat-proofing was found in good condition on vessels inspected and no repairs or improvements were required.

Table 90.
Rodents destroyed during the year in ships from foreign ports.

Category									Number
Black rats	...	...	...	...	...	...	...	...	22
Brown rats	...	...	...	...	...	...	...	...	—
Species not known	...	...	...	...	...	...	...	...	—
Rats sent for examination	...	...	...	...	...	...	...	...	3
Rats infected with plague	...	...	...	...	...	...	...	...	—
Mice	...	...	...	...	...	...	...	...	—

Following a Warfarin treatment, 18 black rats were recovered from a vessel at the breaking-up yard before demolition began. The vessel had traded regularly with West Africa.

Table 91.
Deratting Certificates and Deratting Exemption Certificates issued during
the year for ships from foreign ports.

No. of Deratting Certificates issued.					Number of Deratting Exemption Certificates issued.	Total Certificates issued
After fumigation with		After trapping	After poisoning	Total		
H.C.N.	Other fumigant					
1	2	3	4	5	6	7
—	—	—	1	1	58	59

Section XIII—Inspection of Ships for Nuisances.

Table 92.
Inspections of Ships for Nuisances.

Nature and Number of Inspections	Notices served		Defects Remedied
	Statutory Notices	Other Notices	
Total number of ships inspected ... 568			
The following defects were found :—			
Vermin 9	—		6
Accommodation and fittings defective 9	—		5
Washplaces and fittings defective ... 4	—		2
Sanitary accommodation defective ... 7	—	50	5
Food stores, preparation places and fittings defective and dirty ... 12	—		11
Drinking water system defective ... 13	—		13
Refuse accumulations... .. 3	—		3
Smoke emissions 13	—		13
Total 70	—	50	58

Fifty-one vessels were found to have 70 defects or nuisances, all were remedied except 12. Of the 70 defects it will be noted that 13 were drinking water systems found defective by sampling and 13 were smoke emissions. The majority of the smoke was due to careless firing on the older hand-fired coal burners. The

practice of putting as much coal on as possible and leaving it as long as possible before the next pitch dies very slowly with the old hands. Again it is serious reflection on the catering section that the galleys, storerooms and pantries have the next highest number of defects recorded against them. These are mainly due to dirt and quite unnecessary where hot water and drainage are always present.

Section XIV—Public Health (Shell-Fish) Regulations, 1934-1948.

Mussel gathering is controlled by the Preston (Shell-Fish) Regulations, 1923.

The estuary is still grossly polluted by sewage.

Section XV—Medical Inspection of Aliens.

Preston is not approved for the landing of aliens.

Section XVI—Miscellaneous.

Arrangements for the burial on shore of persons who have died on board ship from infectious disease.

Arrangements for the interment of a deceased member of the crew of any vessel is the concern of the shipping agent and the following procedure would be adopted in the event of a death from infectious disease. The Superintendent of Mercantile Marine acting for the Ministry of Transport would be notified immediately. The body would be removed by the Health Department staff to the mortuary of Deepdale Hospital, Preston, for the purpose of local enquiry and verification of the cause of death.

Food Inspection.

Public Health (Imported Food) Regulations, 1937 and 1948.

Public Health (Preservatives, etc. in Food) Regulations, 1925-1948.

Public Health (Imported Milk) Regulations, 1926.

Food and Drugs Act, 1955.

Food Hygiene (General) Regulations, 1960.

Food Hygiene (Docks, Carriers, etc.) Regulations, 1960.

Colouring Matter in Food Regulations, 1957.

Antioxidant in Food Regulations, 1958.

Imported food consisted mainly of the following types :—

Apples, bacon, bananas, blackberries, canned meats, canned milks and creams, canned fruits and fishes, cheese, chocolate, citrus fruits, confectionery, eggs, frozen eggs, frozen milk, herrings, ice cream, ice lollies, ice cream powder, lard, meat, milk powder, potatoes, poultry, sausage, wheat.

One hundred and six samples of food were taken during the year. Nineteen samples were forwarded to the Public Analyst, with the following results :—

<i>Type of Food</i>	<i>From</i>			<i>Result</i>
8 samples fresh grapefruit	...	British West Indies	...	Satisfactory.
2 samples oranges	...	British West Indies	...	Satisfactory.
1 sample bananas	...	British West Indies	...	Satisfactory.
3 samples dried milk powder	...	Northern Ireland	...	Genuine.
1 sample canned apples	...	Eire	...	Genuine.
1 sample canned rice pudding	...	Northern Ireland	...	Genuine.
1 sample fresh butter	...	Eire	...	Genuine.
1 sample ice lollies	...	Northern Ireland	...	Genuine.
1 sample wheat flour	...	Finland	...	Not for human consumption. Did not comply with Flour Regulations.

Eighty-seven samples were forwarded to the Public Health Laboratory, Preston for bacteriological examination.

Satisfactory results were obtained from the following :—

36 samples dried milk powder.
20 samples sausages.
7 samples artificial milk powder.
7 samples ice cream powder.
6 samples frozen whole hen egg.
3 samples ice lollies.
3 samples wheat flour.
1 sample butter.
1 sample canned rice pudding.

Three samples of dried milk powder showed high plate counts, but subsequent samples of the same type were satisfactory.

The following unsound foodstuffs were voluntarily surrendered :—

			T.	Cwts.	Qrs.	Lbs.
Bananas	...	...	206	17	3	18
Butter	...	...	2	2	—	—
Chocolate	...	...	—	1	1	17
Canned fruit	...	...	—	1	1	—
Total	...		209	2	2	7

The butter was damaged when a container burst open in heavy weather. Much of it was released for processing by steam and filtration for high grade cooking fat by a reputable company under supervision of the local Public Health Inspector.

The chocolate was similarly damaged when a container burst open due to bad storage and rough seas.

The type of container involved in these two cases of damaged food was strengthened on recommendations of the Port Health staff. No further trouble was encountered.

No infringements of the Public Health (Imported Food) Regulations regarding Official Certificates occurred.

Welfare Services

Residential and Domiciliary Welfare Services for Aged and Handicapped Persons.

Corporation Hostels.

The number of places available for accommodating the aged and infirm in Council Hostels is as follows :—

Fulwood Civic Hostel	...	...	282 places
Ashton House	...	...	44 „
Sunny Bank	...	...	17 „
Wilson House	...	...	38 „
Ancillary flats (1-2 places)	...	...	34 flats

All requests for admission to the hostels were met, with the exception of four cases concerning three women and one man, who sought small hostel care. They made application within the last six weeks of the year and were quite content to wait for a place in a home of their own choice. A number of people were refused admission to the smaller homes because of their poor physical condition, but were offered accommodation in the Fulwood Hostel. This offer was not always accepted. At the end of the year accommodation in the smaller homes was fully taken up, but there was a reserve of accommodation in the Fulwood Home, as out of the 282 places 237 were occupied. Of these 40 were guests from other authorities.

A comparison of the ages of persons accommodated during 1957 and 1961, indicates an ageing community as the following table shows.

Number of persons accommodated during the years:—

	Age	up to 59	up to 69	up to 79	up to 89	90 plus
Year 1957	...	20	78	192	151	9
1961	...	11	56	164	190	19

This is to be expected because of the ageing population nationally, which reflects itself locally in the bigger turnover in chronic sick beds, many of the patients being admitted to hostel care.

There has been a slight increase in the number of persons admitted direct from hospital during 1961 to the Civic Hostel, Fulwood. The figure being 25, seven men and eighteen women, against last year's 23, six men and seventeen women. Accommodation was requested because the people concerned had no homes to return to, or those who had homes would have been unable to manage, even with domiciliary aid. Sixteen persons have been re-admitted from hospital, one of these having had four periods of hospital attention, and another two periods. In all 80 persons were admitted from their own homes.

From the smaller hostels twelve were admitted to the Civic Hostel, Fulwood, for prolonged care. Of these three returned to their former accommodation, two were removed to hospital and two took their own discharge, the remainder died whilst at Fulwood.

Towards the end of the year work was started on the modernisation of the small staff kitchen, storage room and one bedroom, at the Fulwood Hostel. It has also been found necessary to renew the flooring of a bedroom on the female side, and in the male toilet. Handrails are also being fixed to the ground floor corridor walls. It is anticipated that all this work will be completed early in the new year.

The scheme for the demolition of unnecessary buildings and the creation of green belts around the hostel has been held up meantime. Preliminary steps have been taken regarding the renewal of the heating and hot water system.

Ancillary services provided at the Fulwood Hostel are well supported. The Hair Stylist is much in demand. She attends on three half days per week. A handicraft instructor attends on two half days, and the work turned out by the members of her group is first class. The articles are varied and include rugs, soft toys, purses, wallets, embroidery, and crochet work. The town's travelling library arranges to distribute books once per week, and some 150 residents avail themselves of this service. Television is an important factor in hostel life and the introduction of more sets has provided an interest for more people. It has resulted in their not getting to bed too early, which in turn has cut out the early rising of some of the residents. Organised winter concerts have also been provided for the residents, and have been well attended.

No major repair work has been undertaken at the smaller hostels.

The residents of these homes are more physically fit and are left, in the main, to seek out their own pleasures. Occasionally concerts are arranged for them, but here again television takes prior place and great interest is shown in this form of entertainment.

Annual outings for the residents of all the hostels were arranged as in previous years. They are popular and well patronised.

Perhaps the most useful service is that of chiropody. The residents have derived great benefit from it and make full use of this facility. Sessions for treatment are held each week, two at the Civic Hostel, Fulwood, and one other is arranged so that Ashton and Wilson House are attended twice in a five-week period, and Sunny Bank once during the same period.

Sessions held and treatments given during the year were as follows :—

				<i>Sessions</i>	<i>Treatments</i>
Fulwood Civic Hostel	...	...	...	96	892
Ashton House	...	...	...	20	178
Wilson House	...	...	...	20	174
Sunny Bank	...	...	...	9	84

The “live” waiting list for tenancies of the flats associated with Wilson House stands at 48. During the year one 2-member unit and one single member unit were relet. There were 49 persons housed at the end of the year.

The staff at Wilson House provide a “good neighbour” service to these residents, such as calling in doctors, making meals and fires when necessary, and arranging for local authority domiciliary services to be laid on. In practice some aspect of this service is provided on an average once per week. Residents have a standing invitation to partake in the recreational activities at Wilson House.

Other Hostels.

Use has been made of accommodation in local authority and voluntary associations’ homes to meet special needs. Thus, at the end of the year one man and eight women were accommodated in the William Wilding Galloway Home for the Blind, Penwortham, whilst one woman was accommodated in the Springhill Home for the Blind, Nelson, and one man in the Oaklands Home for the Blind, Holmfirth, Huddersfield. Of these eleven persons accommodated two were placed during the year.

The number of epileptics in accommodation is as follows : Langho Epileptic Colony, 3 men and four women ; Maghull Home for Epileptics, Liverpool, one woman ; Chalfont Colony, Bucks., one man ; and the David Lewis Colony, Warford, one woman. Of the total accommodated one was placed during 1961.

Five men and one woman, who are severely handicapped are in special accommodation, one of these was admitted during the year. In addition, to meet their particular welfare needs, four elderly women are accommodated in voluntary homes, three of these being placed during the year.

Table 93 shows the number of persons, classified according to handicap, in various hostels at the end of the year.

Table 93.
Persons resident in accommodation on 31st December, 1961.

Descriptions of persons accommodated	In premises managed by the Council		In accommodation provided on behalf of the Council				No. of persons accom- modated for whom other local auth- orities are responsible		Total No. of persons for whom the Council are respon- sible	
			By other local authorities		By voluntary organisa- tions					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Not materially handi- capped—										
aged	80	105	—	—	—	4	15	7	65	102
not aged	—	—	—	—	—	—	—	—	—	—
Blind—										
aged	2	1	—	—	—	9	—	—	2	10
not aged	—	—	—	—	2	—	—	—	2	—
Deaf	—	—	—	—	—	—	—	—	—	—
Epileptic—										
aged	—	—	—	3	—	—	—	—	—	3
not aged	1	—	3	1	1	2	—	—	5	3
Other physically handi- capped—										
aged	40	77	—	—	—	—	7	9	33	68
not aged	2	3	—	—	5	1	—	—	7	4
Mentally handicapped—										
aged	2	13	—	—	—	—	1	5	1	8
not aged	4	2	—	—	—	—	1	—	3	2
Total ...	131	201	3	4	8	16	24	21	118	200

Temporary Accommodation.

There is accommodation for six family units in the old nursery block section of the Civic Hostel, Fulwood. During 1961, 3 families, comprising three women and eight children were accommodated for a total of 74 days. Later one of the families, a mother and three children, were transferred to the Maudland Bank premises. The other two family units found their own accommodation.

No. 1 Maudland Bank was purchased and adapted in 1953 to provide accommodation for the rehabilitation of certain families. Since that time seventeen families have been considered sufficiently rehabilitated to have been granted houses by the housing Committee. During the course of the year 4 family units comprising eight adults and eleven children have been accommodated. One family found its own home and at the end of the year four adults and nine children were in accommodation as the following table No. 94 shows.

<div>Table 94.</div> <div>Persons in temporary accommodation.</div>										
Description of persons accommodated	In premises managed by the Council		In accommodation provided on behalf of the Council				No. of persons accom- modated for whom other local auth- orities are responsible		Total No. of persons for whom the Council are respon- sible	
			By other local authorities		By voluntary organisa- tions					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
PERSONS OVER 16—										
(a) evicted ...	—	1	—	—	—	—	—	—	—	1
(b) others ...	1	2	—	—	—	—	—	—	1	2
ACCOMPANIED CHILDREN—										
(a) evicted ...		3	—	—	—	—	—	—		3
(b) others ...		6	—	—	—	—	—	—		6
Total ...		13	—	—	—	—	—	—		13

Welfare of Handicapped Persons.

The services provided apply, with necessary modifications, to the blind and partially sighted, the general classes of handicapped persons, and the deaf and hard of hearing. They include :—

- the ascertainment of handicapped persons ;
- assistance in overcoming the effects of their disabilities and arranging for the provision of such treatment as may be required ;
- advice and guidance on personal problems ;
- instruction in handicrafts and simple diversionary occupations, and the teaching of the blind to read embossed literature ;
- the provision of social and recreational facilities ;
- home visiting and practical assistance in the home ;
- facilities for transport and holidays ;
- assistance in securing employment in open industry, and the provision of sheltered employment in special workshops and under home worker schemes.

These services may be provided directly or through the agency of voluntary organisations or a combination of both.

Blind and Partially Sighted.

At the end of 1961, there were 321 blind persons registered with the authority, 131 men and 190 women. Of these, 68 men were aged 65 years or over and 147 women were aged 60 or over. Out of a total of 63 men between the ages 16 to 65 years, thirty-seven men were employed either in open industry or sheltered workshops, and out of a total of 39 women, between the ages 16 to 60 years, sixteen were employed in either open industry or sheltered workshops. There were 8 men and 26 women in residential care, i.e. Part III or Hospital, and 18 men and 37 women suffered from other handicaps in addition to their blindness.

On the partially sighted register there were 26 men, 15 being 65 years or over, and 67 women of whom 57 were aged 60 or over.

During the year the ophthalmologist examined 60 persons, certifying 41 as blind and 19 as partially sighted. Of those certified blind two had been on the partially sighted register, and of the 19 certified as partially sighted six had been examined previously.

Three Home Teachers for the Blind are employed by the Authority. During the year they made 3,621 domiciliary visits, and during those visits had occasion to give service of a varying nature to the persons concerned. They helped the blind on 347 occasions in such matters as letter writing, repairing garments, making fires and meals and doing the shopping. Braille was taught to 6 persons involving eighty lessons, and Moon to 5 persons covering fifty-two lessons. Handicrafts were taught to eight people, 144 lessons being given, and the blind/deaf manual, covering 14 instructions, was taught to 3 persons. In addition to their domiciliary work the Home Teachers attend the Handicapped Persons' Centre on two half-days per week. Here they instruct the blind and partially sighted in handicrafts, such as hand loom weaving, knitting, stool seating, marquetry, embroidery, making soft toys, string bags, coral necklaces, rugs, baskets, artificial flowers from latex, and bath mats. Throughout the year an average of 35 persons attended the Centre and had 1,754 lessons in these pastime occupations. The Home Teachers also arrange recreational activities and during the year an average of 25 persons attended these functions.

Free bus passes, wireless licences and dog licences are available to the blind, and at the end of the year 237, 222 and 23 persons respectively had availed themselves of these services.

Free wireless sets are provided through the agency of the British Wireless for the Blind Fund and 41 persons have wireless sets supplied under this scheme, and 111 have the Rediffusion service, rental being paid for the sets at a reduced charge.

The National Library for the Blind, which provides reading matter for the blind world, is used by 26 persons in the Preston area.

There are now 48 blind who can read Braille and 10 who can read Moon.

A guide dog has been provided for one man. He had a month's training course at the Guide Dog Training School at Bolton before he was allowed out with his guide.

Five concerts and a Christmas Party were held during the winter months, and two summer outings were also arranged. These events are very popular and well supported. An average of 80 persons attended the concerts and 150 the Christmas function. The outings average 140 persons.

House-bound blind, numbering 98, received a gift of either chocolates or tobacco at Christmas time.

The chiropody service is being used by 32 people and 145 treatments were given during the year.

Employment.

The Institute for the Blind, Fulwood, provides sheltered workshop employment and training of the Blind on behalf of the Authority, who in turn is responsible for augmenting the earnings of the workers up to an agreed local level. The Authority also makes a grant towards the expenses of running the Workshops.

At the end of the year 27 persons were in employment and one man was undergoing training. One man and one woman were admitted to employment during the 12 month period.

The Ministry of Labour & National Service pay trainees during their period of training.

There are 26 persons employed in open industry, which is an increase of 2 over last year.

Active measures directed towards the placement of blind persons in employment continue to be made directly by the staff of the Authority in association with the appropriate official of the Ministry of Labour & National Service.

General Classes of Handicapped.

At the end of the year there were 279 men and 312 women registered as physically handicapped persons. Of this total of 591, eighty-six were aged up to 15 years, 187 men were aged between 15 and 65 years, and 176 women were aged between 15 and 60 years. Forty men were aged 65 years or over and 102 women aged 60 years or over.

Domiciliary visiting is carried out by the Health Visitor staff and the Social Welfare Officers of the Welfare Section. Some 980 visits were made during the year.

Handicrafts, recreational and social activities are provided at the Social Centre on Monday and Thursday of each week from 10.30 a.m. to 9.30 p.m.

Handicraft sessions, under the guidance of a handicraft teacher, were attended by an average of 23 persons and a total of 2,332 lessons were given. In addition 10 housebound handicapped persons had instruction in their own homes in simple pastime occupations ; 270 lessons have been given.

An average of 47 persons attended the recreational and social activities at the Centre.

During the year one young woman was engaged in remunerative employment in gold thread embroidery, and two others were undergoing training in this craft. The number of lessons attended by the trainees was 299. Two teenage girls and a middle aged man have been placed in employment. One of these girls was formerly employed on gold thread work and the man, who had been unemployed for several years, had been attending the Centre since 1957.

For those attending the Centre a mid-day meal can be supplied on request. During the year an average of 14 persons took advantage of this facility. Some 1,373 meals were served at a cost of 1s. 6d. per meal.

Transport is provided for those who are unable, because of their handicap, to use public services. It is a very necessary service as without it some people would never get anywhere. By the end of the year 542 journeys had been made bringing 4,424 cases to and from the Centre.

A chiropody clinic is held each fortnight at the Centre, 25 persons have taken advantage of this service and had in total 183 treatments.

Winter concerts, a Christmas Party and a summer outing were arranged during the year. These events were well attended. Housebound handicapped numbering in total 109, were given a present of either chocolates or cigarettes at Christmas time.

Two persons have had the pathways of their homes lengthened and widened to allow for the easier travel of their wheelchairs, and one person has had alterations to the bathroom to facilitate the taking of baths. Two other persons have had mechanical aids supplied to help them in eating and in carrying out household duties.

Deaf and Hard of Hearing.

Welfare services in respect of the Deaf and Hard of Hearing are carried out on behalf of the Council through the agency of the North and East Lancashire Welfare Association for the Deaf. This Association provides a full range of services, including placement in employment, advisory, social and recreational. The Council has representation on its executive body. For financial year 1961/62 the Authority made a contribution of £1,170 to the Association. This represented a per capita grant of £15 for each registered deaf person residing within the borough, excluding deaf/dumb school children and persons resident in Part III accommodation or hospitals.

Table 95 shows the number of persons included in the various registers of handicapped persons, arranged according to age, sex and handicap.

Table 95. Number of persons registered on 31st December, 1961, in accordance with handicap and age group.						
Age Group	Sex	Blind	Partially Sighted	Deaf	Hard of Hearing	Other Handicapped Persons
1+	Male ...	—	—	1	1	2
	Female ...	1	—	1	—	2
5+	Male ...	—	—	1	5	20
	Female ...	—	1	1	4	8
10+	Male ...	—	2	3	13	30
	Female ...	3	—	1	7	24
15+	Male ...	3	2	9	3	31
	Female ...	—	1	2	3	39
20+	Male ...	7	4	6	2	40
	Female ...	2	2	4	5	35
30+	Male ...	8	—	9	2	20
	Female ...	5	1	9	2	24
40+	Male ...	13	1	3	1	34
	Female ...	13	—	8	2	27
50+	Male ...	21	2	6	2	41
	Female ...	19	5	4	5	51
60+	Male ...	11	—	2	3	21
	Female ...	26	7	1	7	24
65+	Male ...	12	2	1	3	15
	Female ...	20	9	5	6	24
70+	Male ...	30	7	4	6	21
	Female ...	58	30	6	8	33
80+	Male ...	12	4	—	1	4
	Female ...	29	7	—	7	15
85+	Male ...	10	2	—	2	—
	Female ...	8	4	—	3	6
90+	Male ...	4	—	—	2	—
	Female ...	6	—	—	—	—
	Total ...	321	93	87	105	591

Handicapped Persons' Workshop & Social Centre.

This building specially built to provide (1) an opportunity for work in sheltered conditions for physically handicapped persons unable to maintain a position in industry, (2) handicraft facilities and recreational activities for all classes of handicapped persons, has been open from 2.0 p.m. until 9.30 p.m. on Tuesday and Wednesday of each week for the blind and partially sighted ; on Monday and Thursday of each week from 10.30 a.m. to 9.30 p.m. for the general classes of handicapped persons, and from 2.0 p.m. until 5.30 p.m. on Fridays for the mentally ill. On Friday evenings from 7.0 p.m. until 9.30 p.m. it has been used for youth club purposes by the Society For The Mentally Handicapped.

The aim to provide work under sheltered conditions has not been fully successful. At the present time only one person is earning money from work done at the Centre, i.e. gold thread embroidery, but two others, who were trained for this work are now in open employment. Two others who attended handicraft classes are also, now working, in open industry and one other has been found out work to do at home.

Mention has been made, under the sections, Blind and Partially Sighted and General Classes of Handicapped, of the opportunity for handicrafts and recreation and social activities during the day. Here some mention should be made of the social and recreational facilities available in the evening. These cover dancing, debates, discussions, lectures, panel games, fashion parades, film shows. These events are well attended and popular with all groups of handicapped persons.

The annual Open Day & Sale of Work was held in October. It realised a sum of £160 and was attended by some 450 members of the general public.

After the sale, entertainment was provided in the form of a display of Old Time Dancing and a Concert. The people providing this entertainment being all registered handicapped persons.

The Centre concert party has continued its activities during 1961. Some 15 shows have been given, covering all districts of the town and some surrounding areas.

Domiciliary Visiting and Care.

Visiting of the aged is carried out by the health visitors. During the year 1,440 such visits were made. On the initial visits immediate needs are met, a case history compiled and when necessary follow-up visits are carried out. Members of the staff of the Welfare Section devote part of their time to enquiries into applications for hostel admission, for flats and protection of property.

Voluntary organisations, such as the Preston Council of Social Service, the Women's Voluntary Association and religious groups have continued to provide for the regular visiting of aged persons whenever necessary. In this respect some 105 old people have been visited regularly during the year. Members of the Preston Council of Youth, the Catholic College Old Boys' Sodality Group and the children of the Deepdale Secondary School have continued their good work among the old folk befriended by them. Various jobs done have included shopping, window cleaning, chopping wood, cutting hedges and lawns, etc. The Council of Youth members have carried out home decoration for the old people and have undertaken hospital visiting. This group has also arranged concerts and the distribution of food parcels at Christmas time.

Mr. Jehan, Road Safety Officer, Preston County Borough, provided a length of luminous material. This was made up into armbands by members of the W.V.S. for use by elderly people who go out after dark.

The Lions Club arranged two outings in September. One, mainly for the housebound, was a tour of the Ribble Valley with lunch at Clitheroe, and the other outing to the Blackpool Illuminations, with tea at Morecambe.

Protection of Property.

It was found necessary to remove to a place of safety the property of twelve persons admitted to hospital.

Of twenty-two persons provided with accommodation for a temporary period it was not necessary to remove the property of any of these to a place of safety. In one other case the house was securely fastened and arrangements made for police surveillance whilst the other property of the cases was safeguarded by relations.

Interments

Under the provision of Section 50 of the National Assistance Act, 1948, the Welfare Section has arranged for the burial of fifteen deceased persons for whom no suitable arrangements for the disposal of the bodies had or were being made.

Interments are arranged in accordance with set recommendations with agreed scales of charges.

Full funeral costs were recovered from the estate of the deceased in ten instances, and part of the costs recovered in the other four cases. No money was recovered towards funeral costs in the remaining case.

Table 96.
Follow-up of Registered Blind Persons.
January 1st—December 31st, 1961.

	Cause of Disability				
	Cataract	Glaucoma	Retrolental Fibroplasia	Others	Total
1. No. of cases registered during the year in respect of which sect. F of Form B.D.8 recommends :—					
(a) No Treatment ..	3	—	—	1	4
(b) Treatment (medical, surgical or optical) ..	13	2	—	22	37
Total	16	2	—	23	41
2. No. of cases at 1(b) above which on follow-up action have received treatment	12	2	—	18	32

Table 97.
Follow-up of Registered Partially Sighted Persons
January 1st—December 31st, 1961.

	Cause of Disability				
	Cataract	Glaucoma	Retrolental Fibroplasia	Others	Total
1. No. of cases registered during the year in respect of which sect. F of Form B.D.8 recommends :—					
(a) No Treatment ..	—	—	—	2	2
(b) Treatment (medical, surgical or optical) ..	4	2	—	5	11
Total	4	2	—	7	13
2. No. of cases at 1(b) above which on follow-up action have received treatment	3	2	—	6	11

National Assistance Acts, 1948 & 1951.

Removal to suitable premises of persons in need of care and attention :—

Action necessitating the removal of one person in need of care and attention was taken during the course of the year, under the National Assistance (Amendment) Act, 1951.

APPENDIX I

**EFFECT OF B.C.G. VACCINATION ON THE INCIDENCE OF
TUBERCULOSIS IN ADOLESCENTS**

by

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The overall mortality and morbidity from tuberculosis has declined over the past 15 years since the advent of chemotherapy.

It has long been recognised that morbidity varies greatly in different age groups. In Preston County Borough the incidence of tuberculosis during the last 11 years has gradually declined in 0-20 year age group, but it has remained nearly the same in the adolescent (13-21 year) age group. A slight "rebound" in morbidity in both age groups is noticed since 1959 as revealed by the number of notified cases. Fig. 1 compares the number of notified cases in Preston C.B. (Respiratory and non-respiratory tuberculosis) from 1951/1961.

B.C.G. vaccination to the 13-year-old children was started in Preston County Borough in 1954 vide Ministry of Health circular 22/53. The present survey was undertaken to assess the effect of B.C.G. vaccination on the incidence of tuberculosis in adolescents.

Method.

Records of notified cases of tuberculosis during 1954-1961 in 13-21 year age group were obtained. Those who would not have been eligible for B.C.G. at any time during 1954-1961 were discarded. Tuberculin sensitivity and vaccination state of the remaining was checked from Record Cards.

All those for whom no B.C.G. record card was available are presumed to have refused consent to avail themselves of vaccination scheme (the presumption is based on the fact that if parental consent is refused, no Record Card is filled).

Figures were obtained about the estimated population of 13-year-old children eligible for B.C.G., number of consents obtained, number and percentage of :

- (a) tuberculin positive reactors ;
- (b) tuberculin negative reactors ;
- (c) vaccinated children.

An analysis was then attempted.

Results.**Table 98.**

**Analysis of notified cases of tuberculosis in the age group,
who at some stage would have been eligible for B.C.G.**

Year	B.C.G. eligible age group	No. of notified cases	No. presumed to have refused consent	No. previously known to be tuberculin positive	No. who had successful B.C.G.
1954	13—14	0	0	0	0
1955	13—15	3	2	0	1
1956	13—16	2	2	0	0
1957	13—17	3	3	0	0
1958	13—18	3	3	0	0
1959	13—19	7	5	2	0
1960	13—20	9	9	0	0
1961	13—21	9	7	1	1
Total ...		36	31	3	2

Table 99.

Estimated population of 13-year-old children and number vaccinated.

Year	Estimated Population	Number vaccinated
1954	1,416	675
1955	1,607	784
1956	1,663	784
1957	1,709	705
1958	1,606	804
1959	1,885	820
1960	2,267	1,219
1961	1,856	1,230
Total ...	14,009	7,021

Table 100.

B.C.G. Vaccination Figures.

1954-1961

Estimated Population ...	...	...	...	14,009
Vaccinated ...	...	...	...	7,021
Non-vaccinated ...	...	...	...	6,988
(a) Refused consent ...	...	...	...	4,959
(b) Tuberculin positive reactors ...	...	...	...	2,029

Comparison of Tables 1, 2 and 3 shows that :

- (1) Two cases of tuberculosis occurred in the vaccinated group of 7,021. This gives the incidence in the **vaccinated group of 0.29 per 1,000.**
- (2) 34 cases of tuberculosis occurred in unvaccinated group of 6,988, giving the incidence in the **unvaccinated group of 4.86 per 1,000.**

The unvaccinated group is constituted by :

- (a) children whose parents refused consent.
- (b) Tuberculin positive reactors discovered following preliminary tuberculin testing and therefore did not receive B.C.G.

Table 3 summarises the total numbers relating to above groups (a) and (b).

- (3) 31 cases of Tuberculosis occurred in the groups of 4,959 who refused consent, equivalent to an incidence of 6.25 per 1,000.
- (4) 3 cases of tuberculosis occurred in tuberculin positive group of 2,029, equivalent to an incidence in tuberculin positive group of 1.48 per 1,000.

Limitations of the Survey.

1. Lack of control tuberculin negative unvaccinated group for comparison with B.C.G. vaccinated group.
2. Variation of follow up period of vaccinated children. This ranges from 7 years to 9 months depending upon time of vaccination.
3. The total number in the survey is small for statistical purposes.
4. Incidence determined in the group who refused consent for B.C.G. represents the incidence in the population at large (i.e. tuberculin negative and tuberculin positive population). Therefore this cannot be considered as control tuberculin negative unvaccinated group.

Discussion.

Due to the limitations of this survey, the incidence figures cannot be compared with those of M.R.C. trial (Report of Medical Research Council on B.C.G. published in September, 1959).

The incidence of tuberculosis during adolescence in the unvaccinated group is 4.86 per 1,000 as compared with 0.29 per 1,000 in the B.C.G. vaccinated group. This confirms that B.C.G. offers a substantial protection and makes a strong case for boosting the acceptance rate for B.C.G.

Fig. 2 shows the acceptance rate, vaccination rate and percentage of tuberculin positive reactors. The difference in the acceptance rate and vaccination rate is mainly due to tuberculin positive reactors who did not receive B.C.G.

In 1959 acceptance rate fell to 57.2% and measures were taken to urge parents to accept B.C.G. programme. These measures have been vigorously pursued since then and have produced satisfactory results. The acceptance rate increased to 76.9% during 1961 (See Fig. 2). The steps taken are, in brief, as follows :—

- (1) Detailed information and reminders sent to parents.
- (2) Visits by Health Visitors, where necessary, to persuade parents to consent.
- (3) Better liaison between School Medical Officers and Head Teachers in order to secure their full co-operation.

The effect of higher acceptance rate during 1960-1961 on the incidence of tuberculosis will not be evident for the next 2-3 years.

Higher acceptance rate also helps to ensure that fewer tuberculin positive reactors are missed and early detection of latent cases is thus possible.

Summary.

Effect of B.C.G. on the incidence of adolescent tuberculosis is investigated. The marked contrast between the incidence of tuberculosis in B.C.G. vaccinated group (0.29 per 1,000) and unvaccinated group (4.86 per 1,000) is revealed. This confirms the protective efficacy of B.C.G. and urges the boosting of acceptance rate.

I am indebted to Dr. J. S. G. Burnett, Medical Officer of Health, Preston, for help and permission to publish this paper. I thank Dr. M. R. Geake and Dr. W. Griffel for allowing me access to clinical case records. My thanks are also due to Dr. I. M. R. Purdom for his help, Mr. A. Birchall for the preparation of graphs and Miss M. Shaw for her assistance.

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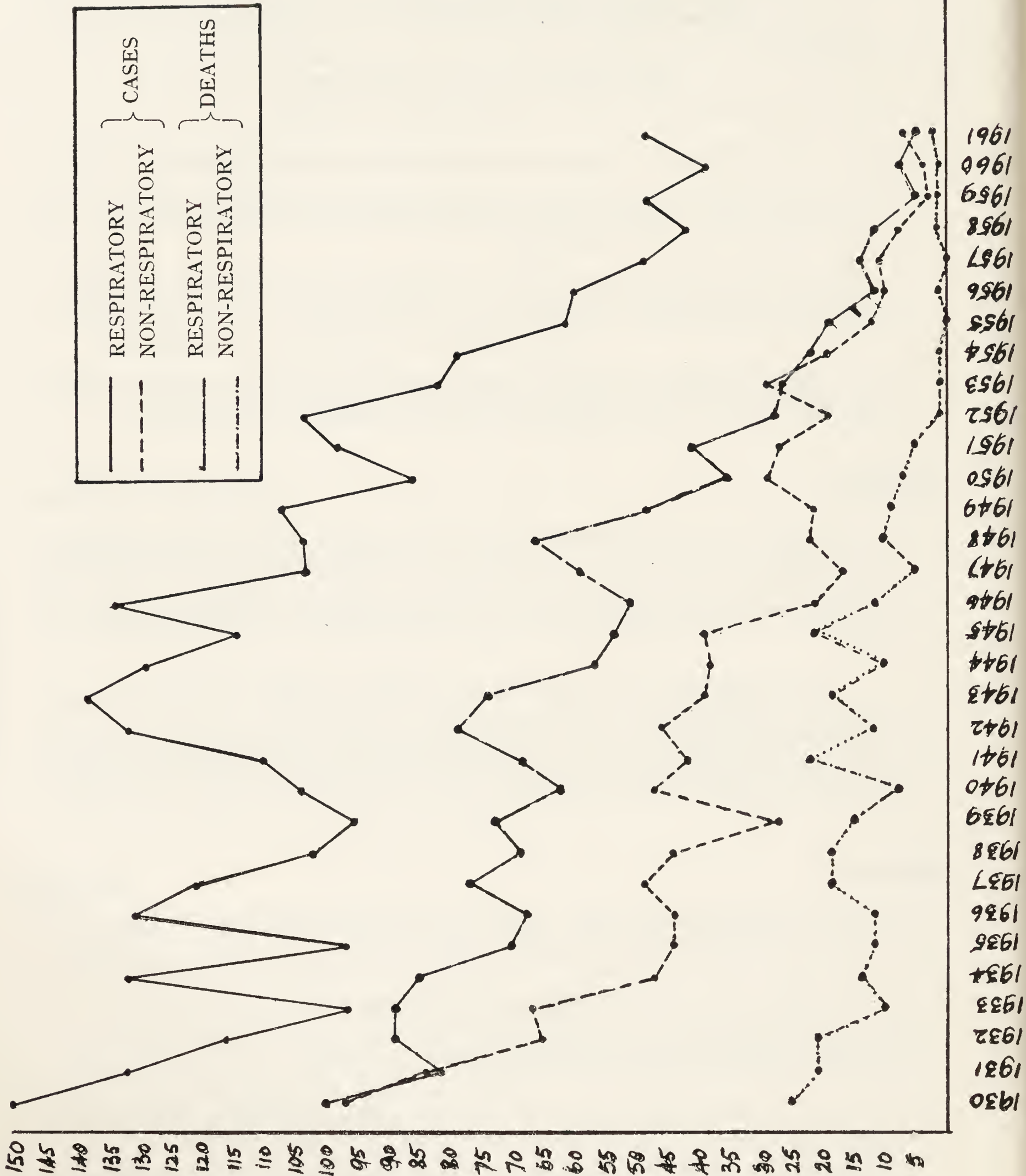
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TUBERCULOSIS



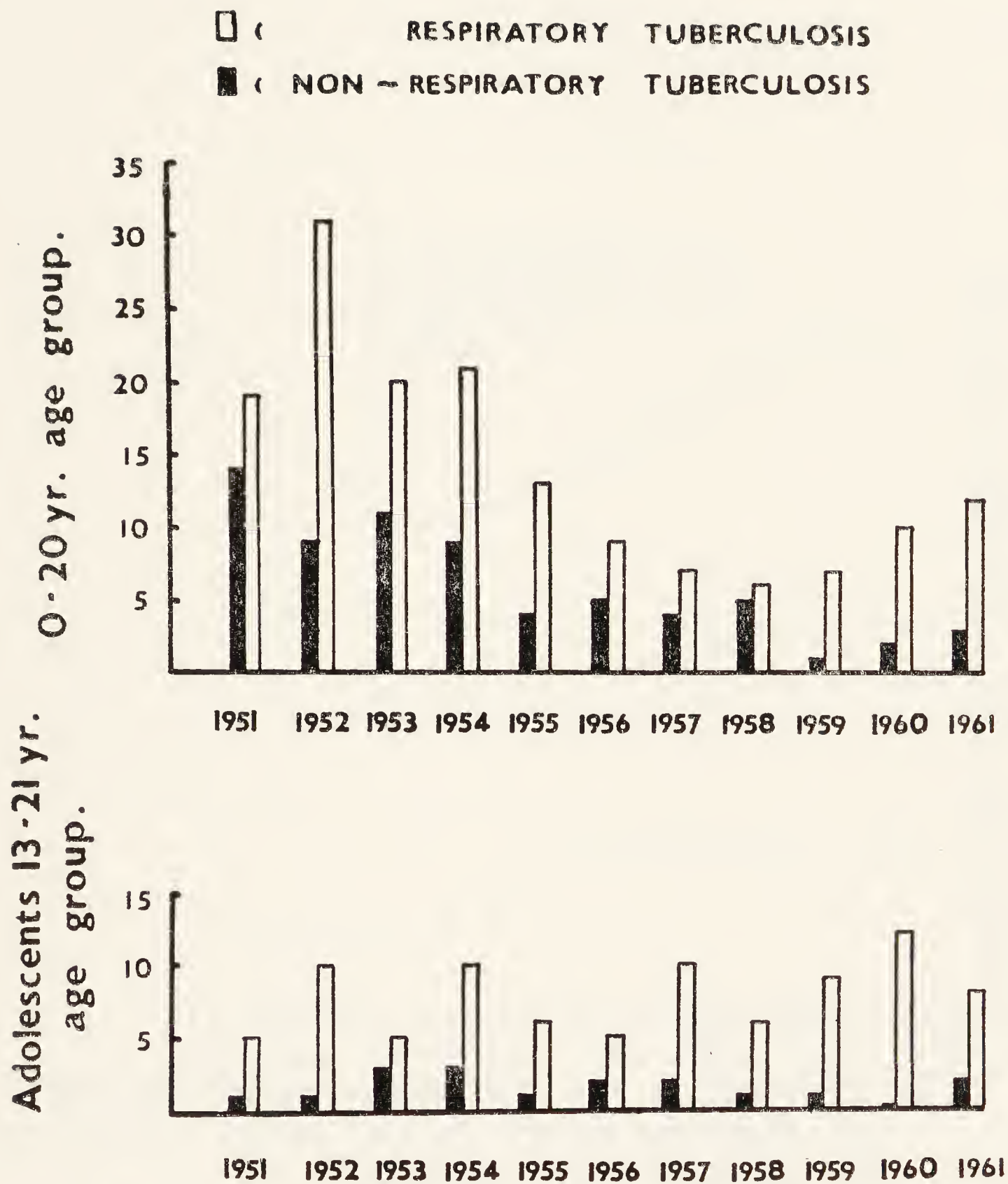


Fig. 1. No. of notified cases of Tuberculosis 1951-1961 in 0-20 yr. age group (ABOVE). Adolescents i.e. 13-21 yr. age group (BELOW).

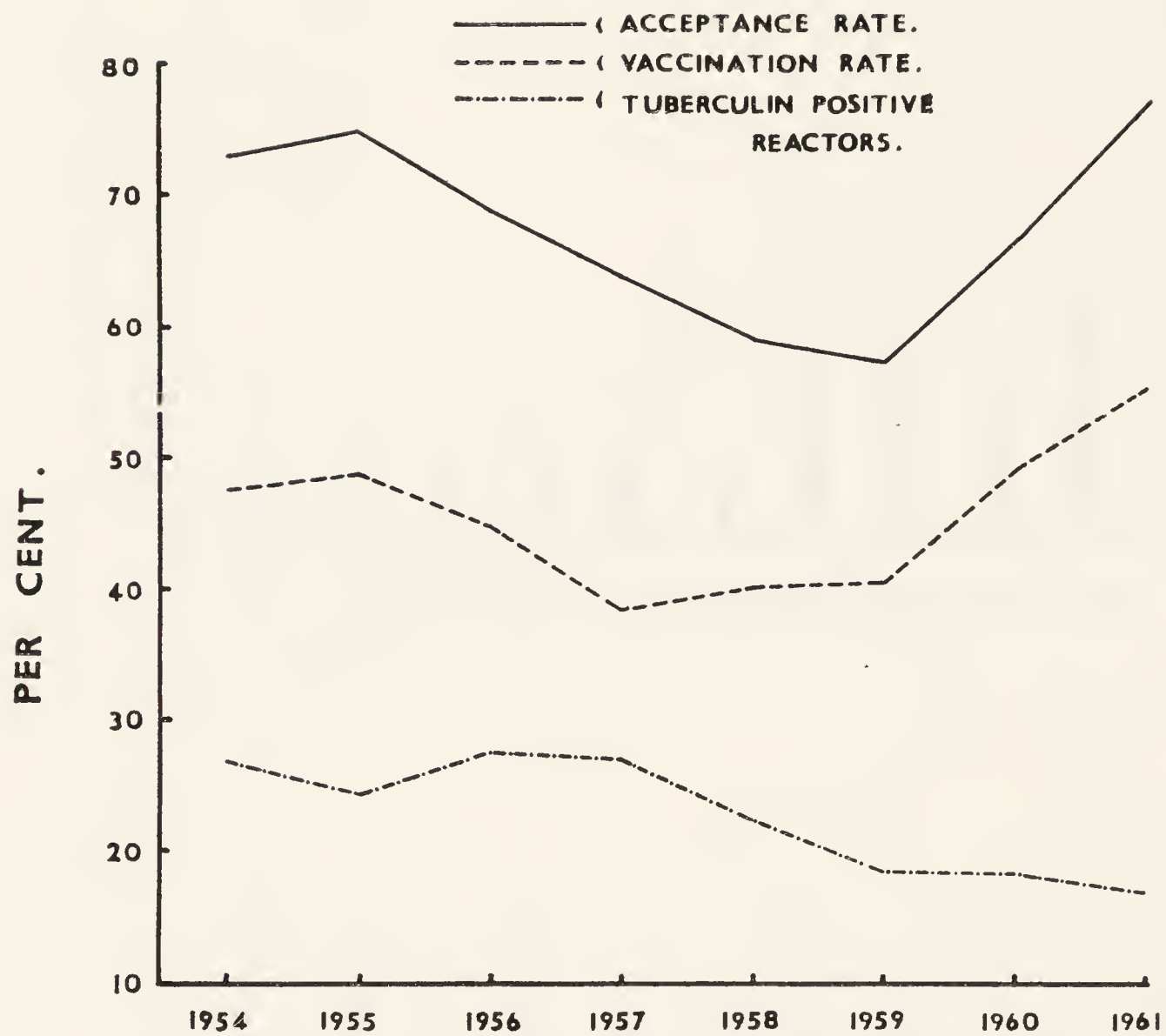


Fig.2. Percentage of 13 yr. old School Population 1954 - 1961

- (A) CONSENTING TO AVAIL OF B.C.G. SCHEME ~ ACCEPTANCE RATE
- (B) B.C.G. VACCINATED ~ VACCINATION RATE.
- (C) TUBERCULIN POSITIVE REACTORS.

APPENDIX II

Precis of a report submitted to the Health Committee on 21.11.61

Clean Air Act, 1956.

Ministry of Housing and Local Government Circular 5/59.

Within the framework of the Council's present policy on Clean Air it is possible to advise the extension eastwards of the present portion of the town covered by orders to cover the area west of Manchester Road and south of Church Street to the River Ribble. Most of the dwellings in the area are included within the confirmed Avenham (No. 1) Compulsory Purchase Order and the Avenham (No. 2) Compulsory Purchase Order which is awaiting confirmation.

The area in question has been surveyed and the relevant data are set out below.

Definition of Area.

The area of the County Borough of Preston which lies within a line commencing at the point on the centre line of Church Street which is opposite the centre line of Main Sprit Weind then proceeding southwards along the centre line of Main Sprit Weind to the centre line of Syke Street, then eastwards and south-eastwards along the centre line of Syke Street across Avenham Lane and along the centre line of Oxford Street to the centre line of Selborne Street, then south-westwards along the centre line of Selborne Street and straight across Frenchwood Recreation Ground to the Borough boundary at a point approximately 355 feet east of the Old Tram Bridge, then south-eastwards, eastwards and north-eastwards along the Borough boundary to a point opposite the junction of The Boulevard and Ashworth Grove, then north-westwards to the point of junction of The Boulevard and Ashworth Grove, then westwards along the centre line of Ashworth Grove and part of Malvern Avenue to a point opposite No. 3 Malvern Avenue, then north-westwards and northwards along the centre line of the footpath connecting Malvern Avenue with Southern Parade to the point on the centre line of Southern Parade opposite the centre line of such footpath, then south-westwards along the centre line of Southern Parade to the centre line of Manchester Road, then north-westwards along the centre line of Manchester Road to the centre line of Church Street, then westwards along the centre line of Church Street to the point of commencement.

Size of Area : 136 acres approximately.

Number and character of premises within the area

A. Premises likely to be demolished in the near future

(1)	Dwellings in confirmed C.P.O.	...	...	...	...	375
	Other buildings in operative C.P.O.	...	...	...	...	34
(2)	Dwellings in C.P.O. awaiting confirmation	...	...	...	...	321
	Other buildings in C.P.O. awaiting confirmation	...	...	...	...	6
					—	736

B. Premises likely to remain for smoke control

(3)	Dwellings (including private flats in public houses, hotels and other commercial premises)	...	...	...	526
(4)	Dwellings with part used as shop or small business	...			12
(5)	Industrial premises	...	...	...	3
(6)	Commercial premises (shops, workshops, etc.)	...	...		45
(7)	Schools, Churches, Church Halls, etc.	...	...	...	13
(8)	Warehouses and stores...	...	...	...	13
(9)	Offices	...	...	...	7
(10)	Motor vehicle repair and service garages	...	...	...	6
(11)	Restaurants, Cinemas, Hotels, etc.	...	...	...	13
(12)	Other premises	...	...	...	41
					<hr/> 679
	Total premises in the area	...	...		<hr/>1,415 <hr/>

It will be observed that subject to the confirmation of the second Compulsory Purchase Order referred to above some 696 houses will be demolished during the next 12/18 months and redevelopment of the cleared sites will occur. In accordance with the present policy of the Council any new dwellings erected on this site by the Corporation will presumably be heated by gas or by electricity.

Cost of Conversion.

The Council has already been advised that local experience has shown £18 per house to be a reasonable average figure of gross expenditure for adaptations. Since about two-thirds of the houses in the suggested area which will remain unaffected by slum clearance have been erected after the end of the first World War the amount of adaptation in each house is likely to prove less than that necessary in the many old houses affected by previous orders.

It is likely, therefore, that for this particular area £16.10.0d. per house might prove to be a more accurate forecast.

Fuel replacement.

New dwellings erected on the cleared sites will it is anticipated use only gas or electricity or both.

Of the remaining 538 dwellings if the experience gained in earlier orders is applicable then just over 8% of householders will use only gas or electricity or both for heating and 20% will combine gas or electricity with solid fuel for

heating. It is considered, therefore, that replacement of bituminous coal with solid smokeless fuel will be of the order of 1,350 tons per annum. In addition some 60 tons of coal used annually in "other premises" will require replacement.

Exemptions.

By virtue of the operation of the Exempted Fireplaces Order certain appliances burning bituminous fuel have qualified exemption and it may be necessary to include in the proposed order certain fireplaces of a similar nature and certain furnaces and forges that cannot be made to operate without the emission of minimal smoke.

Date of Order.

Any order made could reasonably be made to operate from 1st August, 1963.

J. S. G. BURNETT,
Medical Officer of Health.

COUNTY BOROUGH OF PRESTON
LOCAL EDUCATION AUTHORITY

A REPORT

OF THE

School Medical Officer

on the health of the school children
and on the work of the school health
service for the year
1961.

ANNUAL REPORT, 1961

TABLE OF CONTENTS

	<i>Page</i>
INTRODUCTION	163
GENERAL INFORMATION	164
ROUTINE EXAMINATIONS	165
SPECIAL EXAMINATIONS	168
SPECIALIST CLINICS	173
SCHOOL DENTAL SERVICE	174
ANCILLARY SERVICES	175
MINOR AILMENT TREATMENT	176
PREVENTION OF INFECTION	176
HEALTH EDUCATION	178
OTHER PROVISION	178
RESEARCH—Plantar Wart Survey	179
APPENDIX—Statistical Data	185

INTRODUCTION

TO THE CHAIRMAN AND MEMBERS OF THE SPECIAL SERVICES SUB-COMMITTEE
OF THE EDUCATION COMMITTEE.

In his report to you for the year 1931 the late Dr. Sharpe hailed as landmarks in the School Medical Service the opening of the Cuttle Street Health Centre and the Stoneygate Nursery School and concluded his report by writing that "social services tend to grow ; altering, amending and improving as the needs of the people dictate."

A perusal of the following pages will show the extent to which in the past thirty years the school health service though retaining a superficially similar character has altered materially as the needs of the school children have dictated.

A considerable amount of time and attention are now devoted to an ascertainment of the hidden defects that are present in children and which may manifest themselves in unexplained backwardness in learning, in waywardness, aggressiveness or undue meekness, all hindering the natural development and maturing of the child. Services for the ascertainment of partial deafness and of defective vision have now been developed to a high degree of efficiency and search is now being made regularly at an earlier age for defects of colour vision the relation of which to future employment and therefore education is obvious.

Of the chronic problems of the school health service there is some hope of better results from the newer method of treatment of "bedwetting" whilst superhuman efforts have been made with moderate success to reduce the incidence of head louse infestation.

Finally the problem of one form of foot infection was the basis of an intensive research study by the staff and the collation and consideration of the facts ascertained form the subject of an interesting report by Dr. Purdom set out as an appendix to this report.

The health of the school child is good and it is therefore more remunerative to the child and to the staff if time and attention are concentrated on seeking out the disabilities that are known to affect the school child and correspondingly less time is devoted to the routine overhaul of large numbers of children healthy in body and in mind.

School teachers are primarily employed for the purpose of teaching but with such a system of child care in operation it is inevitable that much reliance is placed initially on the teacher in drawing the attention of the School Medical Officer to child aberrations. This and other extraneous help associated with the health of the school child is unhesitatingly available at all times from the teaching staffs of the schools and is greatly appreciated by my staff.

J. S. G. BURNETT,
School Medical Officer.

A.—GENERAL INFORMATION.

1. Statistical Data.

Statistical data including the cost of the School Health Service and tables relating to the medical inspection of school children will be found in the Appendix at the end of the report.

2. Staffing.

Apart from the speech therapists, who are employed wholly by the School Health Service, the medical, nursing and medical auxiliary staff hold joint public health and school health appointments.

- (a) *Medical Officers.*—There were no changes during the year. With a school population of 19,759 and six doctors devoting approximately fifty per cent of their time to school health duties, the medical staffing was equivalent to one full-time doctor for every 6,586 pupils.
- (b) *Dental Officers.*—For most of the year there was, in addition to the Senior Dental Officer, one full-time and one part-time dentist. The full-time dental officer resigned in December and has not yet been replaced.
- (c) *Clinic Nurses and Health Visitors.*—The clinic nurses' work is almost entirely done in clinics or schools. There were seven clinic nurses during 1961, two of these being virtually full-time at the Saul Street and Open Air School clinics, where specialist sessions are held. The 20 full-time and two part-time health visitors all undertake a certain amount of school health work, particularly attendance at periodic medical inspection and home visiting.
- (d) *Ancillary Staff.*—Two physiotherapists (one full-time, one part-time) were employed largely in the treatment of school children. In addition to the part-time speech therapist appointed in 1960, two further speech therapists commenced work in the School Health Service in the Autumn, 1961.

3. School Population.

The table below shows the number of schools of various types in Preston and the number of children on the roll at 22nd December, 1961. No schools were closed and no new ones were opened during the year.

Type of School	No. of Schools	No. on Roll
Primary	34	10,868
Secondary	10	5,224
Secondary Grammar	5	3,308
Special (Day)	2	257
Nursery School	1	102
Total	52	19,759

B.—ROUTINE EXAMINATIONS.

1. Periodic Medical Inspections.

Each school child is examined by the school doctor on at least three occasions, viz. (1) on entry to school, (2) at eleven years of age and (3) in the year prior to leaving school. Pupils at grammar schools have an additional examination at the age of thirteen years.

(a) Organisation and Accommodation.

There have been no material changes in the arrangements during 1961. Full details were given in last year's report. In over one-third of the schools the accommodation available remains inadequate. While the medical rooms provided in the new post-war schools are largely satisfactory, one common fault is insufficient room-length for vision testing.

(b) Colour Vision Testing.

The only change in the routine for periodic medical inspections was the introduction in the Autumn term of colour vision testing for boys only, at eleven years, using the Ishihara test. Previously, testing had been carried out at the final medical inspection before leaving school. In view of the known low incidence of defective colour vision in girls, routine testing for them was discontinued. Any girl, however, about whose colour vision there was doubt would of course be tested. It is important to be aware of a colour vision defect at this age when children are already considering their choice of a career. It has been suggested that children who fail the Ishihara colour plate test should be referred for a lantern test, and that 30%—40% of these are then found to have "safe" colour vision. However, in view of the fact that certain medical boards (e.g. the Royal and Merchant Navies, and British Railways) demand success in both tests, and that the use of the Ishihara plates is the best screening method, it was considered advisable to use only this test. Parents of boys found to have defective colour vision are informed of the fact by letter and given some idea of the careers for which their sons are unsuited. It is intended that there will be a confirmatory re-test at the final medical inspection when a form Y. 9 can be issued for the guidance of the Youth Employment Officer.

During the year, of 1,401 boys tested, 50 were found to have defective colour vision. This incidence of 3.6% is in accord with national figures.

(c) Findings at Periodic Medical Inspections.

Altogether 6,664 children were inspected in 1961, compared with 6,220 in the previous year. Defects requiring treatment totalled 1,384. Details of the findings at medical inspections will be found in the Appendix in Table 103. It is satisfying to report that none of the children examined were deemed to be of unsatisfactory general physical condition.

Defective vision, squints and other eye complaints accounted for over half (52%) of the total defects requiring treatment. As remarked last year, this finding is not due to any real increase in the occurrence of visual defects. It is in part due to the lessened incidence of certain other conditions (e.g. heart disease

and orthopaedic defects) but also to a more accurate interpretation in recent years of the phrase "requiring treatment" as applied to eye defects. All children who require to wear glasses or who are referred to the Eye Clinic are now returned as requiring treatment.

Skin diseases are by no means on the decrease, 39 per 1,000 pupils being discovered with a skin condition meriting treatment. In addition to eczema, acne and psoriasis, urticaria is quite frequently found. While various allergies are often the cause, in some there would appear to be an emotional factor. In this connection it is to be noted that, in Preston, psychological instability in school children is being recorded more frequently, there being over twice as many children under observation or treatment for this reason in 1961 as compared with ten years previously.

The incidence of lung disease has not altered much in the past fifteen years. It is perhaps understandable that the prevalence in Preston (32 per 1,000) pupils, is somewhat above the national average, having regard to our local climate. Asthma is probably the commonest abnormality of the lungs and is often associated with bronchitis. No separate returns are, however, made of the individual lung diseases.

2. Hygiene Inspections.

Hygiene inspections are carried out each term on all school children, with the exception of those attending grammar schools. Unhappily, the need for these routine inspections remains. The presence of only a few nits constitutes evidence of head-lice infestation and almost one in ten of Preston school children (9.5%) compared with 12.9% in 1960 were found to have dirty heads. This figure is realistic as it has not been arrived at from the estimated school population, but from the actual number of pupils inspected *de novo* in the first term of the calendar year. The incidence in girls (13.9%) is three times greater than that found in boys (4.6%). The percentages given are, of course, over-all averages and in some schools infestation is a rare occurrence indeed. Much concerted effort is still needed to improve head hygiene and this is enlarged on in the section on Health Education on page 178. Table 102 below sets out the figures for 1961.

Table 102. Uncleanliness.					
Total number of examinations in the schools by the school nurses ...					35,447
Total number of individual pupils found to have head-lice infestation ...					1,748
Number of pupils inspected in Spring term ...					8,829
Number of these pupils found to have head-lice infestation ...					844
Percentage found to have head-lice infestation ...					9.5

In addition to head cleanliness, foot hygiene has required emphasis by school nurses because of the occurrence of plantar warts (verrucae) in certain schools. In one of the larger secondary modern schools routine foot inspections were adopted some time ago on account of this. In order to get a complete picture of the incidence of plantar warts among Preston school children, and to introduce treatment and, if possible, preventive measures, a foot survey was carried out during the Autumn term by school nurses in the course of their hygiene inspections. Section K of this report gives details of this investigation.

3. Routine Vision Testing.

The clinic nurses are responsible for carrying out vision tests for children aged 8-9 and 12-13 years. These tests are additional to those at the three periodic medical inspections. Any who fail the test are referred to a school medical officer. The testing at 12-13 years was only introduced in the Autumn term, 1960, and it is this increased ascertainment that accounts for the larger numbers of children with defective vision being seen this year by the doctors at special inspection sessions.

4. Routine Audiometry.

Children aged 6-7 years are given individual hearing tests with the "Amplivox" pure-tone audiometer. Hearing in each ear is tested separately. During 1961, 534 children had this test. Those that failed were referred to the school medical officer for examination.

On review by the school doctor, one-third of the failures were considered to have satisfactory hearing and no defect was found, while of the 12 who later had a full pure-tone audiogram carried out only two were discovered with a hearing loss. Below is shown the disposal of the cases referred to the school doctor :

Hearing satisfactory : no defect found	...	...	34
For review in one year...	...	...	37
Referred for removal of wax	...	...	2
Referred for pure-tone audiogram	...	...	14
Normal audiogram	...	...	10
Referred E.N.T. clinic	...	...	2
Defaulters	...	...	2
Referred direct to E.N.T. clinic	...	...	2
Previously referred to E.N.T. clinic	...	...	4
Referred to general practitioner	...	...	3
Permanent defect : no treatment required	...	...	1
			<hr/>
			97
			<hr/>

The conditions necessitating reference to the ear, nose and throat clinic were enlarged tonsils and adenoids, infected antra and otorrhoea.

In this series no children were discovered by the sweep audiometry who later required classification as deaf or partially deaf or needed the provision of a hearing aid.

C.—SPECIAL EXAMINATIONS.

1. Special Medical Inspections.

Special medical inspections continued to be held in schools or school clinics, all schools being provided for at least once a month. Defective vision and other eye defects were the reasons for one-third of these examinations, orthopaedic and ear, nose and throat conditions together providing another third. A variety of conditions accounted for the remaining third, many of them having a psychological origin, at least in part. Table 111 in the Appendix gives the number of children with defects requiring observation or treatment seen at special inspections.

Nocturnal Enuresis.

Among children with emotional problems are the “bedwetters”—sufferers from nocturnal enuresis. Many of these children—and boys predominate—do indeed suffer emotionally, being acutely sensitive as to their disability, especially if various treatments have been tried without avail. During 1961 the use of the electric bell and pad apparatus, Quarriers’ Homes Type, was introduced and children were selected for this who had had normal urinary investigations, who had not benefitted from drug therapy (e.g. amphetamine sulphate), and who were not grossly maladjusted. The alarms are issued on payment of a small fee which covers the cost of the pad which cannot be re-issued. Parents have been only too ready to pay for this provision in anticipation of less outlay on bedding and laundry, quite apart from the benefit to the child. Alarms have, so far been issued to only nine children (7 boys, 2 girls) average age being eleven years. There have been five cures. One child was still on treatment with the alarm at the end of the year. Of the three failures (all boys) one failed to co-operate in the use of the alarm ; another lost confidence because of faulty apparatus (the bell ringing when he was dry!), while for the last, a previous victim of poliomyelitis, an unsuccessful outcome was not altogether unexpected. For those cured, benefit was evident within two to three weeks although complete cure in some cases took two to three months.

It is evident, that, for the successful use of this apparatus, not only is screening of children for whom it is advised necessary, but a careful demonstration of its use to child and parent is essential while the forbearance and co-operation of all members of the family may be required.

2. Handicapped Pupils.

(a) Ascertainment.

Necessarily the handicapped pupil, whether physically or mentally disabled, makes more demands on the school doctor’s time than his healthy counterpart. Complete ascertainment may require a series of consultations before a recommendation can be made for any special educational treatment, while supervision entails reinspection each term. Increasingly it is being recognised that a handicap *per se* is no criterion for advising education in a special school. If conditions in an ordinary school are not adverse either to a handicapped child’s physical and mental wellbeing or educational progress it is probable that he is better to remain there. On the other hand another child with outwardly a smaller degree

of handicap may be unable to cope with the greater competition and demands of an ordinary school, and be better placed in a special school. Each child requires individual assessment. Another point : although the provision in an ordinary day school may in itself be satisfactory, inadequate care at home may warrant recommendation for a residential special school.

(b) Disposition of Handicapped Pupils.

Details of the number and disposition of handicapped pupils are given in Table 113 in the Appendix. Figures throughout this table and in the following notes refer to numbers at the end of the year. The total number of children classed as handicapped was 492. Of these the three largest groups were 162 pupils with speech defects, 103 educationally subnormal pupils and 88 delicate pupils. Over 90% of those with speech defects attend an ordinary school ; three-quarters of them have been recommended for speech therapy. The majority of delicate pupils are only classified as such on being recommended for admission to the Open Air School, Moor Park.

Details of the mental examinations carried out during the year by school medical officers are given in Table 119 in the Appendix.

Children in Residential Special Schools.

(a) Blind Pupils—one child classed as blind was in Henshaw School for the Blind, Old Trafford, Manchester.

(b) Partially Sighted Pupils—one partially sighted child attended the day class at the School for Partially Sighted Children, Fulwood, Preston.

(c) Deaf Pupils—in this category are 11 children who were previously classified as partially deaf but who must be regarded as deaf when considering the special teaching methods appropriate to them. The 25 pupils in this group were placed as follows :

Royal Cross School for the Deaf, Preston	...	...	22
St. John's Institution, Boston Spa, Yorkshire	...	...	3

(d) Epileptic Pupils—three children in this group were in Maghull Home, Maghull, Liverpool, St. Elizabeth's, Much Hadham, Herts., and Lingfield Hospital School, Surrey.

(e) Maladjusted Pupils—there was one maladjusted pupil in Chaigeley School, Thelwall, Warrington.

(f) Physically Handicapped Pupils and Delicate Pupils—the disposition of the five such pupils who were in residential schools at the end of the year was as follows :

Bradstock Lockett School, Southport	...	...	...	2
John Capel Hanbury Memorial School, Woodford Bridge, Essex	...	...	...	1
Bethesda Home for Crippled Children, Salford	...	...	...	1
Bleasdale House School, Silverdale	...	...	...	1

Children in Day Special Schools.

(1) Open Air School for Educationally Subnormal Pupils.

There were 112 pupils at the Open Air School for Educationally Subnormal Children in Moor Park at the end of the year. Of these, 111 were Educationally Subnormal children and one was a Maladjusted child with an I.Q. of 92. There had been 42 admissions and 16 discharges in 1961. The provision of a further classroom accounts for the increase of 20 pupils on last year.

Apart from 9 children who left at school-leaving age to commence work, the following were the reasons for discharge :

Residential School (E.S.N.)	...	...	...	...	...	1
Residential School (Epileptic)	...	...	...	...	...	2
Ordinary School	...	...	...	...	...	1
Approved School	...	...	...	...	...	1
Unsuitable for education	...	...	...	...	...	2

(2) Open Air School for Physically Handicapped Pupils.

At the end of 1961 there were 123 children at the Open Air School for Physically Handicapped Pupils in Moor Park. Table 103 shows the classification of the 26 children admitted to the school during the year.

Table 103.
Classification of cases admitted to the Open Air School for Physically Handicapped Pupils in 1961.

Congenital defects :									
Haemophilia	...	...	...	...	...	...	...	...	1
Club foot	...	...	...	...	...	...	...	...	1
Respiratory diseases :									
Asthma	...	...	...	...	...	...	...	...	2
Bronchitis	...	...	...	...	...	...	...	...	3
Diseases of nervous system :									
Cerebral palsy	...	...	...	...	...	...	...	...	1
Epilepsy	...	...	...	...	...	...	...	...	1
Abdominal migraine	...	...	...	...	...	...	...	...	1
Muscular dystrophy	...	...	...	...	...	...	...	...	1
Tuberculosis :									
Meningeal	...	...	...	...	...	...	...	...	1
Spinal	...	...	...	...	...	...	...	...	1
Other conditions :									
Acute rheumatism	...	...	...	...	...	...	...	...	2
Diabetes mellitus	...	...	...	...	...	...	...	...	1
General debility	...	...	...	...	...	...	...	...	7
Mastoidectomy	...	...	...	...	...	...	...	...	2
Osteomyelitis	...	...	...	...	...	...	...	...	1
								Total	26

Children having Home Teaching.

Altogether 26 children who were unable to attend school for a considerable time were given home teaching for some period of 1961. There were 11 such children at the beginning of the year. During the year 15 new cases were added and 18 were discharged. With one death there were 7 children having home tuition at the end of the year.

The 26 cases who had home teaching during the year are classified in the table below.

Table 104.
Classification of children having home teaching

Congenital defects :									
Heart disease	...	...	...	...	...	...	...	...	1
Haemophilia	...	...	...	...	...	...	...	...	3
Spina bifida	...	...	...	...	...	...	...	...	1
Diseases of bones and joints :									
Articular rheumatism		...	...	...	...	...	...	...	1
Rheumatoid arthritis		...	...	...	...	...	...	...	1
Perthe's disease	...	...	...	...	...	...	...	...	2
Tuberculosis :									
Pulmonary	...	...	...	...	...	...	...	...	5
Miliary	...	...	...	...	...	...	...	...	1
Other conditions :									
Bronchiectasis	...	...	...	...	...	...	...	...	1
Carcinoma naso-pharynx		...	...	...	...	...	...	...	2
Nephrosis	...	...	...	...	...	...	...	...	1
Paralytic poliomyelitis		...	...	...	...	...	...	...	1
Acute rheumatism	...	...	...	...	...	...	...	...	4
Schizophrenia	...	...	...	...	...	...	...	...	1
Ulcerative colitis	...	...	...	...	...	...	...	...	1
									—
									26

(c) Cerebral Palsy.

The table below gives details regarding Preston children known to be suffering from cerebral palsy as at 30th June, 1961.

Table 105.
Disposition of children suffering from Cerebral Palsy

							Number of	
							Boys	Girls
(a)	Under 5 years of age	...	...	...	...	...	5	2
5-16 years of age—								
(b)	Attending ordinary school	...	...	...	...	...	4	2
(c)	Not attending school (awaiting ascertainment)	...	...	...	...	...	2	1
(d)	Not attending school (awaiting admission to Residential School)	...	...	...	...	...	1	—
(e)	Attending Open Air School (P.H. Department)	...	...	...	...	...	6	8
(f)	Attending Open Air School (Spastic Class)	...	...	...	...	...	3	1
(g)	Attending Residential Special School	...	...	...	...	...	2	3
(h)	Under Mental Health Committee supervision	...	...	...	...	...	5	1
Total							28	18

It should be noted that whereas almost half of the spastic children of school age attended a day special school, only four required the special facilities of the spastic class, and only one of the five children in residential schools attended a special school for spastics. This was a boy, subsequently ascertained as ineducable, who was recommended for a trial in this school after a period in a special assessment centre. A further two boys (from groups (a) and (b)—see table 105) were ascertained as ineducable later in the year and reported to the Mental Health Committee. In addition to the numbers shown in the above table, there were also at the Open Air School, Moor Park, eleven children from the Lancashire County area, five of these attending the Spastic Class.

Spastic Class.

At the beginning of the year there were ten children in this class. During 1961 there were no new admissions, but three children left. One girl, aged 9, went to a residential special school, while another girl left at 16 years for an assessment course at the National Spastic Society's School for further education at Bexhill-on-Sea. A seven-year-old boy emigrated with his parents to Australia.

The Spastic Class caters for children with a severe degree of handicap from cerebral palsy. Here more individual attention can be given, not only in teaching but in the provision of desks and equipment suited to each child's disability. On the other hand, steps are taken to prevent these children from remaining isolated from the rest of the school. All but one of them can walk, and they are encouraged to join in with other pupils in games and play. Some of the older ones attend certain practical classes with pupils from the main school (e.g. cookery, sewing, woodwork and gardening), while the youngest member of the class, a bright six-year-old boy who cannot walk and is only just able to stand, attends for English lessons.

Twice weekly visits to the swimming baths continued to be made, and for these, spastic children from other classes in the school joined them. Their proficiency in the water gives them a real sense of achievement and it is good to see the evident pleasure that swimming affords them. Six of the children in the Spastic Class attended the baths, four of them swimming well without support. Swimming was contra-indicated for the other four pupils in the class on account of such defects as otitis and epilepsy.

(d) Employment for the Handicapped.

Special consideration needs to be given to the placement of handicapped school-leavers in suitable employment and discussion regarding this among those concerned with the child's welfare commences a year or more before he is due to leave. Normally these conferences are attended by the parent, the Head Teacher, the Youth Employment Officer and the School Medical Officer. In certain cases one of the Educational Psychologists or the Disabled Resettlement Officer may also be present. Of sixteen Preston pupils leaving the Open Air School (P.H. Department) at school-leaving age, ten were placed in employment by the Youth Employment Board and two others, both girls, were sent on vocational training or assessment courses. Similarly, six of the nine children leaving the Open Air School (E.S.N. Department) were placed in their first jobs through the Youth Employment Service. Three school-leavers (from all schools) were registered as Disabled Persons. This Registration with the Disabled Resettlement Officer paves the way to employment for the severely handicapped.

(e) Other Examinations.

The medical examination of candidates for teacher training colleges and of persons taking up teaching not directly from training colleges is a further duty of the school medical officers. During 1961, 55 candidates and 9 teachers were examined, compared with 40 candidates and 3 teachers in 1960.

D.—SPECIALIST CLINICS.

Hospital consultants for three specialties (diseases of the ear, nose and throat, paediatrics and orthopaedics) operate school clinics as extensions of the hospital out-patient service. The ophthalmic surgeons are employed directly on a sessional basis.

The ear, nose and throat and ophthalmic clinics are held centrally at Saul Street clinic as children seen are drawn widely from all schools. The consultant paediatrician and orthopaedic surgeon hold sessions at the Open Air School clinic, since many of the children attending are pupils of that school. At both clinics a clinic nurse is in daily attendance.

1. Ear, Nose and Throat Clinic.

Two sessions a week were held throughout the year. At times it was possible to transfer to this clinic children referred to the hospital out-patient department and thus reduce the delay in cases being seen. There were 180 children referred to the E.N.T. clinic for an opinion during 1961, on account of the following conditions :

Enlargement or infection of tonsils or adenoids ...	...	77
Diseases of the ears ...	...	17
Defective hearing ...	...	18
Nasal catarrh...	...	24
Other conditions ...	...	44
		<hr/> 180

Details of the cases actually seen during the year are given in Table 115 on page 188.

2. Ophthalmic Clinics.

The refraction clinics continued to be held three times a week, the two ophthalmic surgeons and Dr. Dowling, school medical officer, each taking one session. The special eye clinic, where cases of squint and other eye defects are seen, was held fortnightly.

The work of the clinics during the year is summarised in Table 116 in the Appendix.

3. Paediatric Clinic.

Fortnightly clinics at the Open Air School were held throughout the year. Good liaison with the hospital paediatric department was maintained through the attendance at hospital for out-patient sessions and ward rounds of one of the school medical officers (Dr. McLean) and a health visitor.

Cases dealt with at the paediatric clinic during 1961 totalled 141 and have been classified as follows :

Asthma and associated conditions	...	...	...	...	20
Bronchitis and bronchiectasis	...	...	...	...	11
Cardiac lesions	...	...	...	...	10
Cerebral palsy	...	...	...	...	22
Enuresis	...	...	...	...	10
Epileptiform attacks	...	...	...	...	14
Obesity	...	...	...	...	22
Rheumatism	...	...	...	...	3
Other conditions	...	...	...	...	29

Other information is given in Table 117 in the Appendix.

4. Orthopaedic Clinic.

This was held once a month at the Open Air School. There has been a considerable reduction in the number of cases seen here in recent years. Fewer children with orthopaedic defects are in fact being discovered at medical inspections. Furthermore, acute cases requiring X-ray investigations are referred direct to hospital and may continue under supervision there for remedial therapy, on account of the limitations of our own physiotherapy service. These are all reasons for a reduction of fifty per cent in attendances at the orthopaedic clinic within the past two years.

The various defects dealt with at the clinic during the year are as follows :

Congenital deformities	...	...	...	...	...	11
Other deformities	...	...	...	...	...	52
Cerebral palsy	...	...	...	...	...	20
Post-poliomyelitis paralysis	...	...	...	...	...	4
Inflammatory lesions	...	...	...	...	...	1
Erb's palsy	...	...	...	...	...	1
Haemophilia	...	...	...	...	...	1
Tumours	...	...	...	...	...	2
						<hr/> 92 <hr/>

Table 118 in the Appendix gives further details.

E.—SCHOOL DENTAL SERVICE.

The Senior Dental Officer, Mr. A. Kershaw, has kindly contributed the following remarks on the work of the School Dental Service for 1961.

“It is revealed from the routine school inspections this year, that the encouraging signs of better dental health (mentioned in my report of 1960) have been well maintained.

The under-staffing of the service, despite repeated advertisements, continues and is most depressing.

The Health Committee's energetic policy of planning for the future, resulted in yet another 'highlight' this year, namely, the opening of the Ribbleson Health Centre embracing a full dental suite.

The use of part-time services of the Orthodontist and Consultant anaesthetist have been an invaluable asset during the year."

The annual figures are shown in Table 112 in the Appendix.

F.—ANCILLARY SERVICES.

1. Physiotherapy.

The full-time physiotherapist gives treatment at the Open Air School, the majority of those attending being pupils at that school. Breathing and postural exercises are largely given to groups of children. Those with severe defects may require individual treatment. Group therapy is of special value to spastic children; it results in a competitive spirit with greater striving for success. Physiotherapy for these children requires to be applied to the performance of every day tasks.

Four three-hour sessions a week have been given at Saul Street Clinic by a part-time physiotherapist who commenced in January. Flat foot and breathing exercises were the main forms of therapy given to school children at this clinic.

2. Speech Therapy.

Mrs. Wight, speech therapist, has contributed the following remarks. Greater details of this work were given in last year's report.

"It is difficult to assess the position in the speech therapy clinic up to the end of 1961. For most of the year only two three-hourly sessions were held, and at any one time only about 20 children were undergoing treatment, while the waiting list rose well above the 100 mark. In October, 1961, however, a full-time therapist was appointed and in the following month an additional part-time therapist joined the staff, also working two three-hourly sessions. Consequently, towards the end of the year large numbers of children were seen and their speech assessed. The number of children receiving full treatment, however, did not rise in proportion to the increase in the number of sessions due to necessary re-organisation. The full-time therapist resumed the visits to the Open Air School on one day per week."

At the beginning of 1961, 27 children were receiving speech therapy. During the year, 131 children were accepted for treatment and at the close of the year, 126 were receiving treatment. While 32 children were discharged during the year, there were 45 on the waiting list in December, 1961.

G.—MINOR AILMENT TREATMENT.

The recognition of the diminishing need for this service has led to the introduction of shorter minor ailment treatment sessions during the year. The frequency of the sessions has, however, remained unaltered. Thus Barlow Street and Cuttle Street Clinics have only been open for minor ailments from 9.30—10 a.m. each morning, and Manchester Road Clinic for the same period on two mornings per week. These three clinics serve groups of schools, as follows :

- Barlow Street Clinic : English Martyrs' Secondary and Primary Schools ;
Emmanuel Mixed and Infants Schools.
- Cuttle Street Clinic : St. Joseph's Mixed and Infants Schools ;
St. Matthew's Mixed and Infants Schools.
- Manchester Road Clinic : The three St. Augustine's Schools for Boys, Girls and Infants.

The Open Air School necessarily has a clinic nurse in attendance for most of each school day. Apart from dealing with a small number of minor ailments, she has, of course, to supervise various forms of treatment, undertake routine inspections in both the special schools, and assist at medical clinics.

Other schools continued to be visited regularly by school nurses for minor ailment treatments.

Table 114 in the Appendix gives details of the number and nature of the conditions treated at minor ailment sessions during the year. The trend noted last year of a decline in impetigo, a decrease in body ringworm, but an increase in other skin disease, was again evident in 1961. The increase mentioned was to some extent accounted for by the attack on plantar warts by the clinic nurses consequent on the foot survey in the Autumn term.

A decrease in the number of eye and ear defects is to be noted. This may not, however, indicate a lessened incidence, but be the outcome of the reorganisation of treatment sessions.

H.—PREVENTION OF INFECTION.

Immunisation against certain infectious disease is available to the school-child. If, on entry to school, a child has not been immunised against diphtheria, whooping cough and tetanus, or vaccinated against poliomyelitis, the importance of these procedures is stressed to the parent and consent obtained where possible.

1. Diphtheria/Whooping Cough/Tetanus Immunisation.

While immunisation (either primary or reinforcing) against diphtheria and whooping cough at age 5 years, and against diphtheria alone at age 11 years has been a policy in Preston now for some years, in 1961 tetanus immunisation was introduced in the clinics. This prophylactic is given either alone or in combination with diphtheria and/or whooping cough antigen as indicated. During the year, 494 school children received a primary course of injections against tetanus and 52 reinforcing doses.

2. Poliomyelitis Vaccination.

Many children in the age range 5—11 years inclusive, were entitled to a fourth injection with Salk vaccine. To facilitate this, special sessions were held in schools and school clinics during the summer term. Altogether, 8,432 children received this booster injection.

3. Tuberculosis in Schools.

During 1961 there were 9 notified cases of tuberculosis among Preston school children in 8 different schools. The details of the cases are as follows :—

[illegible]

Non-respiratory tuberculosis : 1 female ; age 13 years (knee joint).

Investigation of school and home contacts was carried out in each case. No further cases of tuberculosis were discovered among fellow pupils or school staff, but in two instances the primary source of infection was traced to another member of the child's own family.

The procedure agreed on for the investigation of school contacts is as follows :—

- (i) All pupils in the same class as the case and from other classes if indicated, to be tuberculin tested. The only children excluded from this are those who have evidence of satisfactory B.C.G. vaccination at 13 years of age.
- (ii) All positive reactors from this tuberculin testing to be referred to the Chest Clinic for further investigation, together with those pupils who have had successful B.C.G. vaccination.
- (iii) All adult school contacts—including teaching, school meals and caretaking staff—to be referred to the Chest Clinic for X-ray, and clinical examination if necessary.

4. B.C.G. Vaccination.

B.C.G. vaccination of 13-year-old school children has been continued in Preston twice a year. It is gratifying to record that of the 1,856 pupils in the appropriate age group consents were obtained for 1,428 (76.9%). B.C.G. vaccination was given to 1,230 of these. Those who reacted strongly to the initial pre-vaccination skin testing (grades 3 and 4) were referred to the Chest Clinic for investigation along with the other members of their households.

The occurrence of tuberculosis in eight children of thirteen years and under, as noted above, would seem to point to the advisability of B.C.G. vaccination at an earlier age than 13 years. Vaccination from 10 years old and upward is allowed for in Ministry of Health Circular 6/61 this year. Six of the cases of tuberculosis among school children would doubtless have been prevented by B.C.G. vaccination at 10 years of age. Adoption of this earlier vaccination is accordingly recommended.

I.—HEALTH EDUCATION.

Unfortunately it was not possible during the year to provide much formal health education in schools. The amount of informal advice on health matters by doctors and nurses cannot of course be assessed accurately.

The subject which had most emphasis was head hygiene on account of the continuing problem of pediculosis. The constant repetition of advice by school nurses to pupils was reinforced in seven schools by the showing of the sound film "The Unwanted Guest." This was introduced by remarks from the Health Education Officer, and a talk given by the school nurse. Questions followed.

During the summer a meeting of medical and nursing staff was held to formulate a scheme to reduce head louse infestation. Among other things it was agreed that health education should especially be directed at the older children in secondary modern schools. They are at an age when they should have assumed responsibility for their personal hygiene, and their influence is going to affect the coming generation. However, it was also recommended that primary schools "feeding" pupils to the secondary schools being covered should also be included in any campaign. It was proposed that in addition to school children, there was a need of getting the facts over to parents and the working teen-agers in the families. Accordingly, it was suggested that parents' evenings at schools and visits to youth clubs be arranged. It is to be hoped that next year it will be possible to implement at least some of these proposals and furthermore to undertake in schools education on other important health topics, such as smoking and lung cancer.

J.—OTHER PROVISION.

1. Convalescent Homes.

The Preston School Children's Fund provided a convalescent holiday for 249 children in 1961 at Thomas Parkinson House, St. Annes. These children required preliminary medical screening by school doctors to ensure their suitability for this provision. For the majority, two weeks were spent at the Home, only 12 children having either one week more or less. It is to be noted that an increasing number of children are being recommended for this on account of nervous debility.

The local Authority made provision for 4 epileptic pupils to attend a special convalescent holiday organised by the British Epilepsy Association in Hampshire.

2. Physical Education.

I am indebted to Mr. Tuson, Chief Education Officer, for the following comments regarding the provision of physical education :

"The variety in physical activity in schools continues to increase, particularly in the larger secondary schools. Small groups emerge in new fields of sport such as Judo and more children find opportunities in inter-school sporting fixtures of all types than ever before.

"Facilities are expanding and in 1961, Ribbleson Hall Secondary School playing fields were completed and will come into gradual usage from 1962. The Park School gymnasium project was completed at the end of the year and will afford new scope for grammar school girls.

“Extensions are being planned to Penwortham Holme playing fields and consideration has been given to the provision of all weather surface pitches in two or three of the Authority’s playing fields.

“Heavy demand for playing field facilities by young people points to a most healthy interest in physical education which is first stimulated in the schools of the Borough.”

Other information relating to physical education will be found in the Plantar Wart Survey.

3. School Meals and Milk-in-Schools Scheme.

On an average, 45 per cent of the school children in Preston take school dinners and three-quarters of them drink a bottle of milk at school.

The Chief Education Officer has kindly furnished the following information :

School Meals.

The School Meals Service provides milk, dinners and teas. Teas and breakfasts are taken at Stoneygate Nursery School and light mid-morning lunches at the Open Air School. During the summer 5,081 packed dinners and 3,137 packed teas were supplied to schools going out on educational visits. At Christmas 10,201 party teas were provided for school parties.

A total of 58 dining centres catered for dinners during the year. A summary of the findings of three surveys carried out gives the number of children taking dinners on three normal school days :—

March, 1961	...	...	...	...	...	8,738
June, 1961	...	...	...	...	...	8,770
September, 1961	...	...	...	...	...	9,055

The total number of dinners supplied during the year was 1,947,082, compared with 2,004,899 in 1960.

Milk-in-Schools Scheme.

During the year, 2,885,317 bottles of milk were consumed, compared with 3,075,930 in 1960 ; 2,651,101 in Maintained Schools, and 234,216 in non-maintained schools, representing a daily average of 14,618—15,409 in 1960.

K.—RESEARCH.

Plantar Wart Survey.

In order to determine the incidence of plantar warts among Preston school children, a foot survey was undertaken during the four months of the Autumn term. Provision was made for treatment and review of the cases found and for the exclusion of all affected children from any barefoot school activities until cured.

Organisation.—

It was arranged that clinic nurses would examine the feet of all children attending for hygiene inspections with the exception of those in the infant departments (age 5-7 years). The incidence of verrucae in children of this age is

known to be low and routine foot inspection for them was considered to be too time-consuming to be practicable. It may be remarked that not one of the 404 five-year-old children who attended for the entrant periodic medical inspection in this term was found to have a plantar wart.

In practice, separate sessions for foot inspection were often found to be preferable to combined head and foot inspections. This necessarily involved many extra sessions for the clinic nurses and these were only possible because of the co-operation of the head teachers.

Care was taken at these inspections to prevent children walking about barefoot and generally they were examined sitting or kneeling with their feet off the floor. Survey forms were completed by the nurses indicating the number of boys and girls examined and listing particulars of those found with plantar warts. In addition, notes were made of the exact site and number of warts and whether or not the child participated in swimming, showers or other barefoot school activities.

Following inspection, children with warts had them covered with adhesive strapping and were requested to attend a minor ailment clinic in one week's time. A letter was sent to the parents of each of these children indicating the nature of the condition, insisting on exclusion from barefoot activities at school and advising treatment. While treatment through the School Health Service was suggested, provision was made for any wishing their children to have treatment privately through their medical practitioner or chiropodist. If a completed form was returned by parents within seven days indicating this desire, no treatment was given at the minor ailment clinics. All cases, however, were reviewed from time to time to ensure that treatment was in fact being received and that precautions were being observed.

A list of children affected in any one school was given to the head teacher requesting that all of them remain excluded from any barefoot school activities (e.g. physical training, dancing, showers or swimming), until a clearance certificate had been issued by the school medical officer. Where the clinic nurse had doubt about the nature of a lesion or the suitability or efficacy of treatment at her minor ailment clinic, the school doctor was consulted earlier.

Treatment.

The standard treatment used in the clinics has been powdered salicylic acid applied to the wart, the healthy skin being protected by adhesive strapping. Before application the wart is pared down and, after application, the lesion completely covered with strapping. Re-inspection takes place after two or at the most three days and further treatment given if necessary. With treatments three times weekly, many cases were cured within two weeks. However, for larger warts, and where treatment could only be given less frequently, cure might take two to three months. Only a few cases required to be referred for hospital treatment.

Findings.

Altogether 12,609 children were inspected, 325 being found with plantar warts. This gives an overall incidence of 25.8 per thousand. The Table below shows the percentage incidence at different ages for boys and girls.

Table 106.
Percentage Incidence of Plantar Warts at different ages.

Age	Boys			Girls		
	No. Inspected	No. with Plantar Warts	% Incidence	No. Inspected	No. with Plantar Warts	% Incidence
5	216	0	0%	191	0	0%
7	670	8	1.2%	676	10	1.48%
8	729	9	1.23%	683	17	2.48%
9	781	20	2.56%	709	13	1.83%
10	795	18	2.26%	719	36	5.0 %
11	791	21	2.65%	709	46	6.48%
12	747	24	3.2 %	682	28	4.1 %
13	746	17	2.27%	804	14	1.74%
14 } 15 }	967	22	2.27%	994	22	2.21%
Totals	6,442	139	2.15%	6,167	186	3.0%

It will be noticed that the overall incidence for girls is less than one per cent greater than that for boys, but that at the ages of 10 and 11 years two girls are affected for every one boy. If secondary schools are studied alone, plantar warts are over three times more common in 11-year-old girls than boys (see Table 107). Both tables show that while the peak of incidence for girls is at 11 years, that for boys occurs a year later and is smaller. At school-leaving age plantar warts were found to occur equally in boys and girls.

Table 107.
Incidence of Plantar Warts in Secondary Schools.

Age	Boys			Girls		
	No. Inspected	No. with Plantar Warts	% Incidence	No. Inspected	No. with Plantar Warts	% Incidence
11+	601	14	2.3 %	517	38	7.35%
12+	592	17	2.86%	556	26	4.67%
13+	628	15	2.38%	668	11	1.64%
14+	780	19	2.4 %	799	19	2.37%
Totals	2,601	65	2.5 %	2,540	94	3.7 %

It is generally agreed that transmission of this infection must be by way of the common ground walked on by infected and uninfected persons. While it may be even possible for the virus to pass through footwear, it was considered advisable to study the most likely mode of infection—communal barefoot activity. The participation in swimming, showers and other barefoot activities in school was examined in relation to the incidence of plantar warts. Tables 108 and 109 give details.

Table 108.
Incidence of barefoot school activity in relation to occurrence of Plantar Warts.

Age Group (years)	Boys		Girls	
	(a) Number with plantar warts	(b) Number of Col. (a) doing barefoot activities	(a) Number with plantar warts	(b) Number of Col. (a) doing barefoot activities
7+	8	1	10	0
8+	9	2	17	3
9+	20	7	13	2
10+	18	11	36	22
11+	21	18	46	38
12+	24	16	28	28
13+	17	13	14	10
14+	22	17	22	14
Totals	139	85	186	117

Table 109.
Analysis of children with Plantar Warts who did barefoot school activities.

Age Group (years)	Boys				Girls			
	(a) No. doing barefoot work	(b) No. of Col. (a) doing			(a) No. doing barefoot work	(b) No. of Col. (a) doing		
		swimming	showers	other		swimming	showers	other
10+	11	9	2	5	22	20	3	9
11+	18	16	6	8	38	24	19	20
12+	16	13	12	8	28	15	19	21
Totals	45	38	20	21	78	59	41	50

It will be seen from the above tables that from ten years and upward two-thirds or more of the children with plantar warts took part in some barefoot activity at school and that swimming was the main reason for this in the age groups 10-12 years.

It has to be admitted that the figures in the tables almost certainly underestimate the incidence of swimming with the school for these children, in that the survey was in the Autumn term when only approximately 50% of 10- and 11-year-old children attend the baths from school, while in the Summer term over 90% of this age group go swimming. The incubation period for plantar warts is uncertain but may be three to six months or longer. If this be so, barefoot activities such as swimming during the summer term may have a direct bearing on the incidence of plantar warts in the Autumn term.

Comparable proportions of 10-year-old boys and girls affected by plantar warts attended the baths with their classes. For girls there is a drop in this proportion at 11 years of age and subsequently, which could account perhaps for the declining incidence of warts in girls after 11 years of age.

No account has been taken in this survey of the number of affected children who attend the swimming baths out of school hours. Suffice it to say, however, that the lowest incidence for plantar warts in secondary schools was at Blessed John Southworth (1.3%), from which no classes of children attend the baths.

With a few exceptions, showers are only provided for children in the newer secondary schools, so that they cannot be a common factor. In the school with the highest incidence of plantar warts (Deepdale County Secondary with 6.0%) no showers are available.

An analysis of the site of plantar warts in 129 children from seven schools having an incidence of over 4.0% revealed that in both boys and girls the forepart of the sole of the foot is affected nine times more often than the heel. The only difference between the two sexes was that while one in five girls had warts on their toes, only one in twenty of the boys was similarly affected. This may not be significant having regard to the small numbers involved, but it is suggested that the greater pressure on the toes from wearing "casual" shoes may be a factor, by causing "seeding" of the wart virus from the skin surface. It seems unlikely that shoe styles, however, could account for the overall greater incidence in 10- and 11-year-old girls.

The suggestion has been made that infection might occur from plimsolls supplied by the schools and handed on from one pupil to another. The majority of primary school children use school plimsolls, and some from secondary schools. At Ribbleton Hall Secondary School, however, where 42 children were discovered with warts of the feet all but two had their own plimsolls. Although the sharing of any footwear is to be deprecated for other good reasons, it appears improbable that warts are spread by this means as it is unlikely that the virus can survive long apart from the human body.

Conclusions.

While several factors may be responsible, and here it has only been possible to examine certain school activities, it does appear likely that communal barefoot activities at school play an important part, and large scale class attendance at the swimming baths a major part in the spread of plantar warts. For the child who does nothing in bare feet at school, and this applies particularly to the primary school child, it is possible that the source of infection may be another member of the family.

With regard to prevention, in the present state of our knowledge of the epidemiology of plantar warts it is difficult to be specific. Probably the most important measure is adoption of regular foot inspections at school with the exclusion from all barefoot activities until cured, of any child found with warts on the feet. To be effective, foot inspections might have to be made more than once a term. This is emphasised by the findings at one secondary school eight months after the foot survey. Despite precautions taken in the meantime, at this re-inspection the incidence of plantar warts was found to be but little reduced from the 6.0% found in the Autumn. The provision of more frequent foot inspections would only be possible with the help of the school staff.

Finally, the floors of changing rooms, shower-baths and gymnasia used for barefoot work should be daily treated with a reliable disinfectant. At the time of writing this report a trial is being made with a preparation suitable for gymnasium floors. The floors at the swimming baths might with advantage be treated with disinfectant more than once daily during busy periods.

APPENDIX—STATISTICAL DATA

Table 110.

Cost of School Health Service 1960/61.

Expenditure	...	...	...	...	...	...	...	...	£40,962
Income	...	...	...	...	...	...	...	...	£1,196
Net expenditure	...	...	...	...	...	...	...	...	£39,966

Table 111.

Defects found at periodic or at special inspections.

Defect or Disease	Periodic Inspections		Special Inspections	
	Number of defects		Number of defects	
	Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
Skin	149	117	37	12
Eyes (a) Vision	603	261	114	145
(b) Squint	105	23	14	8
(c) Other	16	25	4	4
Ears (a) Hearing... ..	33	85	27	41
(b) Otitis Media	25	57	6	—
(c) Other	32	59	14	10
Nose or Throat	114	344	42	27
Speech	9	97	32	15
Lymphatic Glands	4	79	—	1
Heart	12	50	—	1
Lungs	38	179	7	11
Developmental (a) Hernia	2	3	—	—
(b) Other... ..	14	78	4	4
Orthopaedic (a) Posture	22	120	7	5
(b) Feet	60	229	22	5
(c) Other... ..	32	172	23	8
Nervous system (a) Epilepsy	4	26	1	3
(b) Other	7	40	3	2
Psychological (a) Development	—	65	5	2
(b) Stability	14	62	15	4
Abdomen	6	12	—	5
Other... ..	83	202	22	18
Total	1,384	2,385	399	331

Table 112.
Dental Inspection and Treatment.

1.	Number of pupils inspected by the Authority's Dental Officers—							
	(a) Periodic Age Groups ...	...	...	...	...	...	...	7,936
	(b) Specials ...	...	...	...	...	...	...	1,053
							Total	8,989
2.	Number found to require treatment	...	...	...	...	...	...	5,095
3.	Number offered treatment	...	...	...	...	...	...	4,226
4.	Number actually treated	...	...	...	...	...	...	1,683
5.	Attendances made by pupils for treatment	...	...	...	...	...	...	5,132
6.	Half-days devoted to : (a) Inspections	...	...	...	...	...	...	65
	(b) Treatment	...	...	...	...	...	...	938
	Total (a) and (b)	...	...	...	...	...	...	1,003
7.	Fillings : Permanent Teeth	...	...	...	...	...	...	2,794
	Temporary Teeth	...	...	...	...	...	...	710
	Total	...	...	...	...	...	...	3,504
8.	Number of Teeth filled : Permanent Teeth	...	...	...	...	...	...	2,316
	Temporary Teeth	...	...	...	...	...	...	524
	Total	...	...	...	...	...	...	2,840
9.	Extractions : Permanent Teeth	...	...	...	...	...	...	624
	Temporary Teeth	...	...	...	...	...	...	1,458
	Total	...	...	...	...	...	...	2,082
10.	Administration of general anaesthetics for extraction	...	...	...	...	...	...	899
11.	Other operations Permanent Teeth	...	...	...	...	...	...	1,553
	Temporary Teeth	...	...	...	...	...	...	398
	Total	...	...	...	...	...	...	1,951
12.	Orthodontics							
	(a) Cases commenced during the year	...	...	...	...	...	...	19
	(b) Cases carried forward from previous year	...	...	...	...	...	...	40
	(c) Cases completed during the year	...	...	...	...	...	...	11
	(d) Cases discontinued during the year	...	...	...	...	...	...	3
	(e) Pupils treated with appliances	...	...	...	...	...	...	44
	(f) Removable appliances fitted	...	...	...	...	...	...	19
	(g) Fixed appliances fitted	...	...	...	...	...	...	—
	(h) Total attendances	...	...	...	...	...	...	212
13.	Number of pupils supplied with artificial dentures	...	...	...	...	...	...	9

Disposition of Handicapped Pupils at the end of the Year.

Classification	Total No.	Special School		Home Teaching	Ord. School	No School	Having speech therapy
		Day	Resid.				
Blind	2	—	1	—	—	1	—
Partially sighted	2	1	—	—	—	1	—
Deaf	25	—	25	—	—	—	—
Partially deaf	34	—	—	—	32	2	—
Educationally subnormal	115	111	2	—	1	1	4
Epileptic	5	1	3	—	—	1	—
Maladjusted	10	1	1	—	8	—	—
Physically handicapped ...	49	39	5	3	—	2	1
Delicate	88	83	—	4	—	1	4
Speech defect	162	—	—	—	162	—	117
Total	492	236	37	7	203	9	126

Minor Ailments Treated (excluding uncleanness).

							Number of Defects treated, or under treatment during	
							1960	1961
SKIN—								
Ringworm—Scalp—								
(i) X-ray treatment	...	...	...	...	...	—	—	—
(ii) Other treatment	...	...	...	...	...	—	—	—
Ringworm—Body	...	...	...	...	...	3	3	2
Scabies	...	...	...	...	...	24	24	17
Impetigo	...	...	...	...	...	199	199	168
Other skin diseases	...	...	...	...	...	1,862	1,862	1,981
EYE DISEASE—								
(External and other, but excluding errors of re- fraction, squint and cases admitted to hospital)	...	...	...	...	...	418	418	284
EAR DEFECTS—								
(Excluding serious diseases of the ear, e.g., operative treatment in hospital, etc.)	...	...	...	...	...	303	303	179
MISCELLANEOUS—								
(e.g., minor injuries, bruises, sores, chilblains, etc.)	...	...	...	...	...	15,066	15,066	11,533
Total	...	...	...	...	...	17,875	17,875	14,164
Total number of attendances at Authority's minor ail- ments clinics	...	...	...	...	...	34,950	34,950	27,732

Table 117.
Work carried out at Paediatric Clinic.

Number of individual children attended	...	...	...	...	...	141
New cases	...	...	...	...	...	36
Re-inspections	...	...	...	...	...	309
Total attendances	...	...	...	...	...	345
Referred—X-ray	...	...	...	...	...	2
Admission to hospital	...	...	...	...	...	10
Other forms of treatment	...	...	...	...	...	31

Table 118.
Work carried out at Orthopaedic Clinic.

Number of individual children attended	...	...	...	...	...	92
New cases	...	...	...	...	...	28
Total number of attendances made	...	...	...	...	...	143
Number of children referred for treatment in hospital	...	...	...	...	...	1
Number of Surgical Appliances, e.g., boots, irons, etc., supplied through Centre	...	...	...	...	...	83
Number of children X-rayed	...	...	...	...	...	14
Number of children referred for Physiotherapy	...	...	...	...	...	36

Table 119.
Mental testing—Education Act, 1944, sections 34 and 57—
Children examined and reported upon.

Number deemed to be educationally subnormal	...	...	...	...	32
For admission to day special school for E.S.N.	...	...	...	28	
For admission to Residential School	...	...	...	4	
Number deemed not to be educationally subnormal	...	...	...	...	11
Remain in ordinary school	...	...	...	3	
Remain in ordinary school with special tuition	...	...	...	8	
Classification postponed	...	...	...	...	5
Recommended residential school for epileptics	...	...	...	...	1
Number reported as ineducable—S 57(4)	...	...	...	...	6
					—
					55
					—

